

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of  
3 **MING-JAI LIU, M.D.**  
4 Holder of License No. 47701  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Case No. MD-19-0178A

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND ORDER FOR DECREE  
OF CENSURE**

7 The Arizona Medical Board ("Board") considered this matter at its telephonic public  
8 meeting on August 5, 2020. Ming-Jai Liu, M.D. ("Respondent"), appeared with legal  
9 counsel, Kraig Marton, Esq., before the Board for a Formal Interview pursuant to the  
10 authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings  
11 of Fact, Conclusions of Law and Order for Decree of Censure after due consideration of  
12 the facts and law applicable to this matter.

13 **FINDINGS OF FACT**

14 1. The Board is the duly constituted authority for the regulation and control of  
15 the practice of allopathic medicine in the State of Arizona.

16 2. Respondent is the holder of license number 47701 for the practice of  
17 allopathic medicine in the State of Arizona.

18 3. The Board initiated case number MD-19-0178A after receiving a complaint  
19 from a Hospital Research Facility ("Facility") pursuant to A.R.S. § 32-1451(B) that  
20 Respondent's employment with the Facility had been terminated subsequent to an  
21 investigation into allegations that Respondent was alone in a non-clinical situation with an  
22 adult female patient ("Patient A").

23 4. On February 25, 2019, Respondent voluntarily entered into an Interim  
24 Consent Agreement for Practice Restriction prohibiting him from engaging in the practice  
25 of medicine in the State of Arizona until he applies to the Executive Director and receives  
permission to do so.

1           5.       On April 29, 2019 and May 3, 2019, Respondent completed a psychosexual  
2 evaluation and recommendations were made for him to complete a professional  
3 boundaries and ethics course in addition to engaging in therapy to address his medical  
4 condition.

5           6.       On August 16-18, 2019, Respondent completed an intensive, in-person  
6 continuing medical education (“CME”) course in ethics and boundaries with a Board-  
7 approved provider for a total of 34 credit hours. As part of the course, Respondent  
8 developed a personalized Boundary Plan for use in his practice that was reviewed and  
9 approved by the CME provider.

10          7.       In September of 2019, Respondent met with Board staff for an investigational  
11 interview wherein he admitted to engaging in consensual sexual conduct with Patient A on  
12 two occasions. Respondent provided Board staff with a copy of his Boundary Plan and  
13 discussed plans for implementation of it if he were allowed to return to practice.

14          8.       Respondent engaged in treatment with a Board-approved provider, who  
15 reviewed the recommendations from the evaluating facility and agreed to provide status  
16 reports to the Board. Respondent’s treating provider has opined that Respondent is safe to  
17 return to the practice of medicine with continued treatment.

18          9.       On November 5, 2019, Respondent completed an additional CME course  
19 with a Board-approved provider for boundary maintenance and accountability for a total of  
20 12 credit hours.

21          10.      On November 20, 2019, Respondent entered into an Amended Interim  
22 Consent Agreement that terminated the February 25, 2019 Practice Restriction, required  
23 Respondent to provide his employer with a copy of his Boundary Plan, continue treatment  
24 with psychology as recommended by the psychosexual evaluator.

25

1           11.    Respondent failed to appropriately document relevant issues such as the  
2 patient's suicidal ideations and threats in the medical record. Respondent made multiple  
3 false statements to his employer regarding his interactions with Patient A.

4           12.    The standard of care requires a physician to maintain appropriate patient  
5 boundaries. Respondent failed to maintain appropriate patient boundaries by engaging in  
6 sexual conduct with Patient A.

7           13.    There was the potential for patient harm in that failure to maintain  
8 appropriate boundaries with a patient could cloud Respondent's judgment in his treatment  
9 and care of the patient.

10          14.    During a Formal Interview on this matter, Respondent apologized to his  
11 patient, colleagues and co-workers for his actions. Respondent explained the personal  
12 circumstances that he was experiencing at the time he crossed boundaries with Patient A.  
13 Respondent testified that he took full responsibility for his actions. Respondent further  
14 testified regarding his completion of the intensive, in-person ethics and boundaries course,  
15 and participation in post-course maintenance seminars. Respondent also described his  
16 ongoing therapy and participation in religious and support group activities. Respondent  
17 testified regarding his disclosure to his current employer regarding his actions and  
18 remediation process, as well as the boundary plan and associated changes he has  
19 instituted in his practice to ensure accountability and maintain appropriate boundaries with  
20 patients on a forward-going basis.

21          15.    During that same Formal Interview, Board members discussed whether it  
22 would be appropriate to require Respondent to have a chaperone present during all patient  
23 encounters or to prohibit Respondent from seeing female patients. One Board member  
24 commented that Respondent appeared to have adopted a well-internalized boundary plan.  
25 Board members agreed that Respondent's conduct was egregious; however, opined that it

1 appeared to have been isolated to the patient at issue in the case. Board members stated  
2 that they were reassured by the involvement of his employer and staff members.

3 **CONCLUSIONS OF LAW**

4 1. The Board possesses jurisdiction over the subject matter hereof and over  
5 Respondent.

6 2. The conduct and circumstances described above constitute unprofessional  
7 conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate  
8 records on a patient.").

9 3. The conduct and circumstances described above constitute unprofessional  
10 conduct pursuant to A.R.S. § 32-1401(27)(r) ("Committing any conduct or practice that is  
11 or might be harmful or dangerous to the health of the patient or the public.").

12 4. The conduct and circumstances described above constitute unprofessional  
13 conduct pursuant to A.R.S. § 32-1401(27)(u) ("Knowingly making any false or fraudulent  
14 statement, written or oral, in connection with the practice of medicine or if applying for  
15 privileges or renewing an application for privileges at a health care institution.").

16 5. The conduct and circumstances described above constitute unprofessional  
17 conduct pursuant to A.R.S. § 32-1401(27)(aa) ("Engaging in sexual conduct with a current  
18 patient or with a former patient within six months after the last medical consultation unless  
19 the patient was the licensee's spouse at the time of the contact or, immediately preceding  
20 the physician-patient relationship, was in a dating or engagement relationship with the  
21 licensee. For the purposes of this subdivision, "sexual conduct" includes: (i) Engaging in  
22 or soliciting sexual relationships, whether consensual or nonconsensual. (ii) Making sexual  
23 advances, requesting sexual favors or engaging in any other verbal conduct or physical  
24 contact of a sexual nature. (iii) Intentionally viewing a completely or partially disrobed  
25

1 patient in the course of treatment if the viewing is not related to patient diagnosis or  
2 treatment under current practice standards.

3 **ORDER**

4 IT IS HEREBY ORDERED THAT:

- 5 1. Respondent is issued a Decree of Censure.

6 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

7 Respondent is hereby notified that he has the right to petition for a rehearing or  
8 review. The petition for rehearing or review must be filed with the Board's Executive  
9 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The  
10 petition for rehearing or review must set forth legally sufficient reasons for granting a  
11 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after  
12 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,  
13 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

14 Respondent is further notified that the filing of a motion for rehearing or review is  
15 required to preserve any rights of appeal to the Superior Court.

16 DATED AND EFFECTIVE this 9<sup>th</sup> day of October, 2020.

17 ARIZONA MEDICAL BOARD

18  
19 By Patricia E. McSorley  
20 Patricia E. McSorley  
21 Executive Director  
22  
23  
24  
25

1 EXECUTED COPY of the foregoing mailed  
this 9<sup>th</sup> day of October, 2020 to:

2  
3 Kraig J. Marton, Esq.  
4 Jaburg Wilk PC  
5 3200 N Central Ave, Suite 2000  
6 Phoenix, AZ 85012-2440  
7 Attorney for Respondent

8 ORIGINAL of the foregoing filed  
9 this 9<sup>th</sup> day of October, 2019 with:

10 Arizona Medical Board  
11 1740 West Adams, Suite 4000  
12 Phoenix, Arizona 85007

13 Michelle Rebles  
14 Board staff