

**FILED**

November 27, 2006

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE	:	
SUSPENSION OR REVOCATION OF	:	
THE LICENSE OF	:	Administrative Action
	:	
<b>MANJIT SINGH, M.D.</b>	:	<b>FINAL DECISION AND ORDER</b>
License No. MA 29339	:	
	:	
TO PRACTICE MEDICINE AND	:	
SURGERY IN THE STATE OF	:	
NEW JERSEY	:	

This matter was opened to the New Jersey State Board of Medical Examiners for consideration of an Initial Decision subsequent to the filing of a Verified Complaint seeking the suspension or revocation of respondent's license to practice medicine by then Attorney General Peter C. Harvey, by Joan D. Gelber, Deputy Attorney General.

A two count Verified Complaint, filed on December 1, 2004 alleged in Count I that respondent on Saturday, October 2, 2004 invited his patient Mrs. A.F., a 73-year old widow, to his office after normal business hours, had a conversation with her about his personal finances and attempted to borrow \$10,000 from her. Thereafter on a succession of days, he harassed her by going to her home repeatedly, by telephoning and disturbing her and her brother. He attempted to persuade Mrs. A.F. not to tell anyone that he sought to borrow money but instead to say that she offered to lend him

**CERTIFIED TRUE COPY**

money. Several times while visiting her at home, he purported to offer her medical services although he kept no medical records. His harassing conduct included banging on her window and doors and attempting to retrieve file cards on which he wrote his version of their conversation about the loan. His intimidation did not cease, even after his attorney advised him to stop, until the Ramsey Police intervened.

Count II alleged that respondent's current attempt to borrow money was a repetition of conduct involving the financial exploitation of approximately 100 patients, which resulted in a disciplinary Consent Order, that respondent is in violation of three prior Board disciplinary orders and that his conduct is to be deemed a second or subsequent violation. The Complaint further detailed that in the earlier matter respondent "borrowed" nearly one million dollars from at least 98 of his patients (not counting other creditors) prior to 1996, many of whom were senior citizens with chronic medical conditions. Count II lays out the procedural history of the matter. Following the filing of a prior Verified Complaint and an Order to Show Cause on March 8, 1996 seeking temporary suspension of his license, respondent's license was emergently suspended for the first time by Order of the Board filed March 13, 1996. A Final Order was filed by consent on May 5, 1997 in which respondent pled no contest to the allegations. His license to practice medicine and surgery was then suspended for a minimum of

five years and until submission of proofs that he could be safely returned to practice. Respondent then agreed to reimburse \$958,755.00 to the defrauded patients. Count II includes the assertion that in the seven years since the original Order was entered he had repaid only a small fraction - about ten percent - of the amount owed. At respondent's request the Order stemming from the first Board action was modified three times to remove some restrictions. However, all orders prohibited respondent from engaging in financial transactions with patients. Thus all orders provided:

Under no circumstances shall Dr. Singh engage in any financial transactions whatsoever with any person who has been treated by Dr. Singh subsequent to the limited reinstatement of license, nor any financial transaction with any person who was a patient prior to entry of the Order of emergent temporary suspension of license. Dr. Singh may receive loans of money or goods from other sources on prior notice to the Board, provided that such sources are represented by counsel ....

The current Verified Complaint again sought the emergent temporary suspension of respondent's medical license pursuant to N.J.S.A. 45:1-22 and an Order barring respondent from future contact with Mrs. A.F., her brother F.P. or their families.<sup>1</sup>

---

<sup>1</sup> A hearing on the Attorney General's second application for temporary suspension was held before the Board at its regularly scheduled meeting on December 8, 2004. Deputy Attorney General Joan D. Gelber presented the case on behalf of the Attorney General; Joseph M. Gorrell, Esq., appeared on behalf of the respondent. The Board, after considering testimony and documentation, which included the testimony and cross-examination

This matter was referred to the Office of Administrative Law and hearings were held before the Honorable Caridad F. Rigo, Administrative Law Judge ("ALJ") on four (4) dates beginning December 1, 2005 and ending December 21, 2005. Joan Gelber, DAG represented the State, and appearing on behalf of respondent was Gloria Cherry, Esq. Following submission of post-hearing briefs the record was closed on March 3, 2006. The time for the filing of the Initial Decision was extended by successive Orders of Extension and the Initial Decision of ALJ Rigo was issued on July 18, 2006.<sup>2</sup> That Initial Decision is incorporated by reference, as if fully set forth herein. Exceptions were filed by complainant on July 24, 2006 and by respondent on July 27, 2006. A reply by respondent was dated August 2, 2006.

---

of patient A.F. and respondent, then found that respondent's conduct palpably demonstrated clear and imminent danger to the public health, safety and most importantly, welfare, within the intendment of N.J.S.A. 45:1-22 and that because of the vulnerability of Dr. Singh's patient population and his apparent ability to secrete information, flout the Hippocratic oath to do no harm, and deny he has a problem, we then found that no temporary remedy short of an active suspension pending the disposition of a plenary trial would have been adequately protective of the public at that time. Therefore the Board concluded in its Order of Temporary Suspension filed December 23, 2004 that it was duty bound to suspend respondent's medical license effective December 23, 2004.

<sup>2</sup> A corrected copy of the Initial Decision was issued July 20, 2006. Typographical errors were revised which did not affect the substance of the decision.

The hearing on exceptions was scheduled for September 13, 2006 and adjourned by the Board in order for the complete set of transcripts of the four days of hearing at the Office of Administrative Law to be obtained and available to Board members. Additionally, in light of the fact that respondent had filed for bankruptcy the parties were asked to provide their positions with supporting documentation as to respondent's obligation to pay restitution to the remainder of the 79 patients who are still owed a total of \$842,675.00 based upon the 1997 Consent Order. Those submissions were provided prior to the hearing on exceptions and both parties took the position that respondent is obligated to pay restitution pursuant to a criminal order requiring restitution which is not dischargeable in bankruptcy.<sup>3</sup>

After due consideration of the Initial Decision of the ALJ, transcripts, exhibits, exceptions and arguments of counsel, on October 11, 2006, the Board made the following Findings of Fact and Conclusions of Law.

---

<sup>3</sup> In reaching its determinations the Board relied on the representations of his counsel that respondent has a continuing obligation under the criminal restitution order imposed to make restitution to the patients he defrauded. The Board's imposed penalty is predicated on this representation. In the event the information provided is not correct or that continuing obligation does not remain, we reserve the right to reopen and reconsider that aspect of this matter.

## FINDINGS OF FACT AND CONCLUSIONS OF LAW

The Board adopts the Findings of Fact and Conclusions of Law as set forth in the Initial Decision of the ALJ in this matter, except as set forth below. In so adopting and modifying the ALJ's findings we find that the State has met the burden of proving all of the allegations of the Verified Complaint. Specifically, we find respondent's conduct of soliciting a loan from his patient Mrs. A.F. is a breach of the physician/patient relationship which constitutes professional misconduct in violation of N.J.S.A. 45:1-21(e). We conclude that respondent harassed patient A.F. and her brother in an attempt to shift responsibility for his conduct and cause her to change the account of what occurred and that behavior is also professional misconduct and demonstrates a lack of good moral character in violation of N.J.S.A. 45:9-6. We further find that respondent's failure to document A.F.'s office visit on October 2, 2004 or the visits to her home when he performed medical functions and his subsequent fabrication of medical records constitutes failure to prepare a truthful patient record, in violation of N.J.A.C. 13:35-6.5 and of N.J.S.A. 45:1-21(h). Additionally we conclude the totality of respondent's conduct stemming from his inability to control his gambling demonstrates incapacity, for medical or any other good cause, to discharge the functions of a licensee in a manner consistent with the public's health, safety and welfare in violation of N.J.S.A. 45:1-21(i). Finally, we determine

pursuant to N.J.S.A. 45:1-25 that respondent's conduct constitutes a second or subsequent violation in that respondent has been disciplined previously for preying upon and financially exploiting his patients by borrowing money from them. Additionally, he has violated terms of three (3) previous Board orders by seeking to engage in the very same conduct prohibited by prior Board Orders - that is engaging in financial transactions with patients.

However, we concur with the State's position advanced in DAG Gelber's exceptions to the Initial Decision and reach a different conclusion than ALJ Rigo as to the inferences to be drawn from respondent's conduct and the impact of that conduct on the specific patient, Mrs. A.F. and the health, safety and welfare of the public. Although it is clear from the Initial Decision that the ALJ found the Attorney General's witnesses credible and found respondent unconvincing, she also concluded there was a lack of patient harm. She was of the opinion that A.F. was not "scarred or inhibited" as a result of respondent's actions. She also determined that the standard to be met prior to imposition of significant Board discipline is "reckless indifference to the health and safety of a patient" and appeared to believe that a predicate to serious Board action is a finding of quality of care issues resulting in physical harm. We find, as the State asserts, that the test for a finding of professional misconduct need not be grounded on specific physical patient harm. See Matter of Kenneth Zahl, M.D., 186 N.J. 341

(2006) in which the Supreme Court reversed an Appellate Division finding that would have required a demonstration of harm to support revocation of license. In Zahl the Court held: "the physician's dishonest and deceptive conduct was so extreme as to be inimical to the practice of medicine." We are of the firm belief that the quality of the physician's moral character and trustworthiness is as important a State interest as is the quality of care rendered. We take this position whether or not there is actual harm.

Relying on the expertise of Board members who are trained and/or practicing physicians we believe respondent's conduct was so far off the mark of acceptable practice standards that regardless of whether a patient was harmed, serious discipline is warranted. However, in this case for the following reasons we believe actual harm was demonstrated. The Board directly witnessed A.F. testify at the temporary suspension hearing, the transcript of which was part of the record before the ALJ (Exhibit P-5). She was nervous and described her feeling of intimidation. Her vulnerability to exploitation was evident. A review of her testimony at the plenary hearing confirms our impression. "I was really agitated and nervous, I really was, because this was enough already, so many visits. So I let him take my blood pressure" (1T 53-25 to 54-3). She was angry that respondent was again preying on patients, angry that she had to change doctors. She was flustered, afraid that respondent came repeatedly uninvited to her home to browbeat her

into recanting her version of events. She was incensed that he insinuated that she was hard of hearing, misunderstood, or her memory was faulty. She indicated she felt betrayed. By his conduct, respondent directly caused A.F. to suffer a constellation of emotional reactions, in derogation of the duty he owed her. In short he caused patient harm, perhaps not of enduring nature, but real and debilitating nonetheless.

We further find, using our expertise as physicians and health care providers and concur with the DAG's assertion that respondent's harassment demonstrated reckless indifference to A.F.'s health and we find respondent abused and capitalized on his position as her doctor to exploit Mrs. A.F. He harassed her even while taking her blood pressure at home in response to a fear as her treating physician that she had a heart condition and would have a stroke. Despite being aware of her condition and previous diagnosis of cancer he persisted in repeatedly violating her privacy by attempting to intrude on her at home. All the while she testified she stayed in her house as he banged on her door and peered in her window, and respondent's conduct did not cease even after his attorney told him to stop and her brother came to her rescue until the police intervened.

In reaching these findings we modify the ALJ's finding that respondent did not violate the doctor/patient relationship but rather took advantage of a quasi-social relationship when he

attempted to solicit money from Mrs. A.F. to support his relapse into gambling. Relying on our expertise as health care providers, we find that but for the doctor/patient relationship the quasi-social relationship the ALJ perceived would not have existed. Additionally, the conversation in which respondent requested the "loan" took place during a physician/ patient encounter in respondent's office as he breached his duty to the patient by taking advantage of their professional relationship and the trust she had in him to attempt to obtain a financial advantage for himself. Respondent intruded upon Mrs. A.F. at her home when he overtly pressured her to change her account of what occurred in his office as he took her blood pressure. He did so in order to avoid detection of his relapse into gambling and his continued preying on his patients.

We make the additional finding that respondent lacks good moral character in violation of N.J.S.A. 45:9-6. We base this finding on respondent's course of conduct after the previous finding that over many years he took advantage of unsuspecting patients by borrowing close to one million dollars to support a gambling addiction and did not make it a high priority when he had extra funds to significantly reduce his debt to the patients he took money from. He then relapsed into gambling and once more attempted to take advantage of a vulnerable patient. In response to a question

posed to him at the plenary hearing about his relapse of gambling he responded as follows:

A. And from May to November I won most of the time and that is why I kept going, I thought I had control over my gambling until then.

Q. With those winnings did you pay more patients of the creditors?

A. No, because that was a schedule already done. (3T75-6 to 13)

Not only did respondent fail to make amends to his patient at junctions when he could have done so, Respondent has lied to this Board even when confronted. His denial that he had started gambling again in the context of the temporary suspension hearing, was directly contradicted by his testimony at the OAL plenary hearing:

I did lie to everybody that I didn't gamble.  
(3T84-9)

Respondent now concedes that he was gambling at the time of the events that gave rise to this Complaint even making trips to casinos in Connecticut. Further his secreting the information that he was again gambling from his mentors at Gamblers Anonymous, family and colleagues leads us to conclude that no protections will adequately safeguard against further inappropriate conduct. Although we include a finding of lack of good moral character in violation of N.J.S.A. 45:9-6, we are of the opinion that the repeated violations by respondent are so inimical to the standards of conduct expected

of physicians, that we would impose the same penalty even if we did not reach the conclusion of lack of good moral character.<sup>4</sup>

Respondent takes one significant exception to the ALJ's findings and several exceptions which would not impact on the findings or conclusions herein. We reject those exceptions and address herein the one substantive exception regarding record-keeping.<sup>5</sup> Respondent takes exception to the ALJ's findings on pages 14 and 17 that respondent fabricated the details of A.F.'s October 2, 2004 office visit and never examined or made a record of this visit. After consideration of the entirety of the record we affirm Judge Rigo's finding. In making this determination we rely on respondent's admission (3T-70) that he inserted the date of September 25 on the page long after the date of the visit.

---

<sup>4</sup> We have addressed the substantive issues the State raises in the July 27, 2006 Exceptions to the Initial Decision. Those Exceptions which involve details that we believe do not affect the outcome of this matter we do not address herein.

<sup>5</sup> Respondent states in his August 2, 2006 reply to the Attorney General's Exceptions to the Initial Decision that he is limiting his substantive exception to the patient record issue and asks for a modification only on that one issue. The other issues raised include:

1. Respondent did not "rescind the request" for a loan but had left a telephone message that he did not want any money.
2. Respondent traveled to casinos in Connecticut not Atlantic City.
3. "Financial transaction" requires an actual exchange of money which did not occur here.
4. A request to have Morrison & Co. continue monitoring the restitution payments.

Additionally, both respondent and A.F. testified that an office visit took place after regular office hours when no one else was present, that a conversation took place regarding respondent borrowing \$10,000, and that a prescription was issued for Mobic. A.F. contends that she was not examined or charged. The ALJ found her testimony credible. The ALJ is trained to assess credibility and after having an opportunity to observe the demeanor of the witness believed A.F. The ALJ also found that respondent made no entries on A.F.'s chart on that date and subsequently fabricated the details of the visit in order to conceal the fact that the solicitation occurred. We concur. However with regard to the patient records issue, based on the absence of contrary evidence and the ALJ's credibility findings, we also find that respondent made a false entry in the medical record, bearing a September 25<sup>th</sup> date. A.F.'s visit is not memorialized in the practice's computer printout of scheduled visits or in the add-on listing of patients on September 25<sup>th</sup> or October 2<sup>nd</sup>. Additionally, there is no patient record for the date of the November 21<sup>st</sup> home visit when respondent acknowledged he took A.F.'s blood pressure.

#### **Discussion**

After the Board announced its findings of facts and conclusions of law and found a basis for disciplinary action, respondent was afforded the opportunity to present mitigating

circumstances and the State an opportunity to respond and advance aggravating circumstances, prior to a determination of penalty.

Respondent testified that he is a compulsive gambler and that his addiction caused his license to be suspended in 1996 for a year, he lost his house, his practice and everything for which he had worked. He claimed he was able to control his gambling for eight (8) years prior to this relapse. He represents he made restitution up until the time of his relapse when he ceased repaying his patients. He asserted he is again on the right track and intends to continue and he pledged never to talk to a patient about financial matters again. He testified and provided documentation that he has limited assets, is in debt and now has a strained relationship with his daughter because he is unable to pay her rent for her home in which he now lives. He denied fabrication of medical records and represented to the Board that he intends to resume restitution payments if reinstated. Remarkably he makes the pledge not because of his remorse or concern for the patients who trusted him but because it is good for his recovery. He also testified that at the time of his relapse he was comfortable - paying his landscaper, going on a vacation, buying cars and not in any financial difficulty. He stated his clinical competence has never been an issue and he can serve his community. He and his counsel asked the Board to affirm the ALJ's recommended penalty of

a two (2) year suspension of license retroactive to December 23, 2004, the date of the temporary suspension.

The State argued for enhanced penalties asserting that the ALJ's recommended sanction of a two (2) year license suspension is inadequate, that patients should rightfully fear entrusting their care and that of their loved ones to a deceitful physician. The DAG further urged the Board to resist the temptation to allow respondent to earn a living as a physician in order to permit him to make restitution. During the period respondent has been obligated to pay restitution he was earning a living, acquired a time-share in a vacation property and had resumed gambling. Respondent acknowledged in response to Board member questions that his original debt to 100 patients totaled \$959,055. In the ten (10) years since his first offense he has repaid only nine (9) patients fully and 10 partially, with a total restitution of only \$117,125. He currently owes 81 elderly patients \$842,675, and concedes that some of these patients have passed away.

Respondent's behavior in his repeated exploitation of vulnerable patients is so reprehensible, and his failure to make it his mission to significantly reduce the amount of financial restitution while enjoying a comfortable lifestyle so inexcusable that his behavior impacts adversely on the reputation of the entire New Jersey medical profession. Respondent's conduct was so egregious as to be the antithesis of "do no harm." He harmed a

frightened elderly infirm patient. He violated prior orders by not continuing to pay restitution. Once temporarily suspended he did not even petition the Board for relief from his obligation to restore the borrowed sums to his patients. We find that respondent's secreting information about his addiction from his family, colleagues, and sponsors demonstrates the public cannot be protected if he practices medicine. His attempt to again violate the trust of his patients, and his selfish campaign to badger an elderly woman into recanting her complaint, coupled with his return to gambling, is deserving of the most severe sanction. Trust must be the foundation of the physician patient relationship, Respondent has repeatedly and callously violated that trust.

Therefore, we find that no measure short of revocation of license adequate to address respondent's actions. The Board, in its prior discipline of respondent had balanced the safety of the public with the goal of restitution to the nearly 100 patients he exploited. Hence prior Orders have allowed respondent to practice with what we felt were adequate safeguards in place so that respondent could repay those he defrauded with his income as a physician. However, respondent has demonstrated that no safeguards-not a monitor, not therapy, not Gamblers Anonymous, not the oversight of colleagues, family and friends can protect against

respondent's propensities to prey on those in his care.<sup>6</sup> Given his entrenched, repeated conduct, enhanced penalties are necessary to protect patients and the reputation of the profession. The public relies on the Board to assure that those who are entrusted with a medical license are not going to harm those they are engaged to help.

**ACCORDINGLY, IT IS ON THIS 27<sup>th</sup> DAY OF November 2006**

**ORDERED:**

1. Respondent's license to practice medicine and surgery in the State of New Jersey is hereby revoked effective upon filing of this Order.

2. The Board will not entertain any application for reinstatement of licensure until such time as respondent can demonstrate by providing documentation to the satisfaction of the Board that:

(a) he has fully satisfied fifty percent (50%) of the remaining restitution of \$842,675.00 (eight hundred forty two thousand six hundred seventy-five dollars) that he presently owes to patients;

---

<sup>6</sup> We did not impose the ALJ's recommended penalty of prohibiting respondent from control over his personal finances, and personal checking account or credit cards as we do not believe that we can monitor such activity or that it would be protective. Nor did we impose the recommended 120 hours of community service at respondent's Sikh Temple as we do not feel it is appropriate to order said service in a religious facility.

(b) he has engaged in continuous and regular psychological therapy for gambling addiction following entry of this Order;

(c) he has engaged in continuous and regular participation in Gamblers Anonymous following entry of this Order.

3. Respondent shall not seek to borrow any money, accept any money or anything of value, for any purpose, from any past or present patient other than for medical services previously rendered in the legitimate course of treatment, without advance review and approval of the Board.

4. Respondent shall pay by certified check or money order made payable to the New Jersey Division of Consumer Affairs and mailed to the New Jersey State Board of Medical Examiners at P.O. Box 183, Trenton, New Jersey 08625-0183 a civil penalty of \$40,000.00 (forty thousand dollars) consisting of \$20,000 (twenty thousand dollars) for each Count of the two Count Complaint as this is a second offense pursuant to N.J.S.A. 45:1-25.

5. Respondent shall pay by certified check or money order made payable to New Jersey Division of Consumer Affairs and mailed to the New Jersey State Board of Medical Examiners at P.O. Box 183, Trenton, New Jersey 08625-0183 the costs incurred by the state in the amount of \$12,000.00 from the previous Board Order, \$3,431.85 for the costs of the transcripts from the temporary

suspension hearing and for the OAL hearings, \$6,124.00 for investigative costs and \$565.00 for transportation of witnesses.

6. Respondent shall pay by certified check or money order made payable to New Jersey Division of Consumer Affairs and mailed to the New Jersey State Board of Medical Examiners at P.O. Box 183, Trenton, New Jersey 08625-0183 attorney fees for the prosecution of this matter totaling \$38,280.00.

7. All penalties and costs are due and owing within 30 days of the date of this Order. However, Respondent may present a payment plan at the time of a petition for reinstatement for any unpaid civil penalty, costs, attorney fees, and the remaining fifty percent (50%) of the restitution that is owed to the consumers.

8. Respondent shall comply with the directives regarding future activities of medical board licensees who have been disciplined which is attached hereto and made a part hereof.

STATE BOARD OF MEDICAL EXAMINERS

By: *Sindy Paul, MD*  
Sindy Paul, M.D.  
Board President

**EXHIBITS**

- R-13 Letter submission to Board from Gloria B. Cherry, 9/26/06 with attached exhibits, 44 pages.
- P-38A Letter to Joan D. Gelber from Erin J. Kennedy, 11/17/05
- P-38B Letter to Erin J. Kennedy from Joan D. Gelber, 1/5/06, three pages
- P-38C Second letter to Erin J. Kennedy from Joan D. Gelber, 1/5/06
- P-38D Excerpt from U. S. Bankruptcy Petition, 2 pages
- P-39A U.S. Bankruptcy Court Discharge of Debtor, 1/20/06
- P-39B Explanation of Bankruptcy Discharge in a Chapter 7 case, Form B18 continued (10/05)
- P-40A Letter to Gloria B. Cherry from Erin J. Kennedy, 9/12/06, 2 pages
- P-40B N.J. Superior court Judgment of Conviction, 12/4/98, 2 pages
- P-41 N.J. superior court Judgment of Conviction, 12/4/98, 2 pages
- P-42A Transcript excerpt from OAL Hearing, Day 4, 12//21/05, 2 pages
- P-42B U.S. Bankruptcy Court, Chapter 7 Individual Debtor's Statement of Intention 9/23/05, 2 pages
- July 24, 2006 Respondent's Exceptions with attachments to the Initial Decision
- July 27, 2006 States Exceptions with attachments to Initial Decision

August 2, 2006 Respondent's reply to the Attorney General's  
Exceptions to the Initial Decision with  
attachments

September 5, 2006 Submission of Gloria B. Cherry with attachment  
documenting financial documentation

September 19, 2006 State's submission addressing Bankruptcy  
Petitions and Court Orders of Discharge affect  
on restitution

September , 2006 Gloria B. Cherry's submission addressing  
Bankruptcy Petitions and Court Orders of  
Discharge affect on restitution.