

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF STATEMENT OF CHARGES AGAINST

NARINDER K. SAINI, M.D., RESPONDENT

FILE No. 02-89-276

REINSTATEMENT ORDER

COMES NOW the Iowa Board of Medicine (the Board), and
Narinder K. Saini, M.D., (Respondent), on May 15, 2008, and enter into
this Reinstatement Order.

1. Respondent was issued Iowa medical license number 22456 on June 2, 1981.
2. Respondent's Iowa medical license is inactive as it expired on October 1, 1990.
3. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.
4. Respondent currently practices psychiatry in Madison, Wisconsin.
5. **LICENSE SUSPENSION:** On August 7, 1990, the Board indefinitely suspended Respondent's Iowa medical license due to concerns that he suffered from a mental health condition which impaired his ability to practice medicine with reasonable skill and safety.

6. APPLICATION FOR REINSTATEMENT: Respondent recently applied for reinstatement of his Iowa medical license. Respondent presented the following information to demonstrate that he no longer suffers from a mental health condition which impairs his ability to practice medicine with reasonable skill and safety:

- A. Respondent successfully completed a comprehensive neuropsychological evaluation which indicates that Respondent does not suffer from a mental health condition which impairs his ability to practice medicine with reasonable skill and safety at this time.
- B. Respondent has fully complied with the treatment recommendations prescribed by his treating physician(s).
- C. Respondent has actively practiced psychiatry in a stable employment setting for over seventeen years.

7. REINSTATEMENT: Upon the Board's approval of this Order, Respondent's Iowa medical license shall be reinstated subject to the following requirement:

- A. **IOWA PHYSICIAN HEALTH PROGRAM (IPHP):** Respondent shall contact the IPHP at least sixty (60) days prior to practicing medicine under his Iowa medical license. Respondent shall fully comply with all recommendations of the IPHP.

8. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

9. In the event Respondent violates or fails to comply with any of the terms or conditions of this Order, the Board may initiate action to suspend or revoke Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 24.

10. Respondent voluntarily submits this Order to the Board for consideration.

11. This Order constitutes the resolution of a contested case proceeding.

12. This Order is subject to approval by the Board. If the Board fails to approve this Order, it shall be of no force or effect to either party.

13. The Board's approval of this Order shall constitute a Final Order of the Board.

Narinder Kumar Saini
Narinder K. Saini, M.D., Respondent

Chris A. Zeff
Subscribed and sworn to before me on April 28, 2008.

Notary Public, State of Wisconsin
Commission is permanent

This Order is approved by the Board on May 15, 2008.

Yasyn Lee
Yasyn Lee, M.D., Chairperson
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF IOWA

IN THE MATTER OF THE COMPLAINT :
AND STATEMENT OF CHARGES AGAINST : ORDER
NARINDER K. SAINI, M.D. : 02-89-276
RESPONDENT :

NOW on August 7, 1990, the above
entitled matter having been filed with the Director of Public
Health of the State of Iowa, and the said Director of Public
Health having reviewed the file, and being fully advised in the
premises FINDS:

1. That Narinder K. Saini, M.D. (hereafter the Respondent),
was issued license number 22456 to practice medicine and surgery
in the State of Iowa, on June 2, 1981 as evidenced in the
permanent records in the office of the Iowa State Board of Medi-
cal Examiners (hereafter the Board).

2. That a Complaint and Statement of Charges was filed
against the Respondent on December 28, 1989 and a hearing was
held on the said Complaint and Statement of Charges before a
three member panel of the Board on May 31, 1990

3. That a Findings of Fact, Conclusions of Law, and Pro-
posed Decision and Order of the Panel was presented on July 3,
1990. The said Findings of Fact, Conclusions of Law, and Pro-

posed Decision and Order of the Panel was accepted without appeal by the Board on August 1, 1990.

4. That on July 3, 1990, a copy of the said Findings of Fact, Conclusions of Law, and Proposed Decision and Order of the Panel, was sent to the Respondent, via U.S. First Class restricted, certified mail, return receipt requested. On June 18, 1990, a letter was received in the Board's offices, from the Respondent, acknowledging that he had received the said Findings of Fact, Conclusions of Law, and Proposed Decision and Order of the Panel on July 6, 1990.

5. That pursuant to rule 653-12.50(29) of the Iowa Administrative Code, on August 6, 1990, thirty (30) days having passed and no appeal of the said Findings of Fact, Conclusions of Law, and Proposed Decision and Order of the Panel, having been filed by the Respondent or any other party to the proceeding, the said Findings of Fact, Conclusions of Law and Proposed Decision and Order of the Panel became a final order of the Board.

6. That pursuant to sections 148.6(1) and 148.7(7) of the Code of Iowa, and rule 653-12.50(31), of the Iowa Administrative Code, the Director of Public Health is authorized to enter an Order herein.

7. THEREFORE IT IS HEREBY ORDERED:

A. That license number 22456 issued to the Respondent, Narinder K. Saini, M.D., on June 2, 1981, to practice medicine

and surgery in the state of Iowa, is hereby suspended indefinitely.

B. That prior to filing any application for reinstatement of license, the Respondent must:

1. Have the recommended follow-up evaluation at the Mayo Clinic;
2. Present evidence that he has followed the recommendations and treatment prescribed by the Mayo Clinic doctors;
3. Present evidence of satisfactory stable employment for a period of at least three years;
4. Present evidence that he has been to a psychiatrist and neurologist once per month, as required by his Wisconsin employer, and, that he has followed their recommendations.

C. The Board has concerns with the Respondent's competence to practice psychiatry. If the Respondent appears before the Board to request reinstatement of his license, the Board may require reexamination to establish the Respondent's competency at that time. Additionally, the Board may impose any other conditions deemed necessary at the time the Respondent requests license reinstatement.

D. Fulfillment of all the above cited conditions by

the Respondent, does not guarantee reinstatement of his license by the Board, should the Respondent make application for license reinstatement.

Ronald D Eckoff MD

Ronald D. Eckoff, M.D., M.P.H.
Acting Director
Iowa Department of Public Health
Lucas State Office Building
Des Moines, IA 50319-0075

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF IOWA

IN THE MATTER OF THE)	DIA NO. 90DPHMB-1
COMPLAINT AND STATEMENT)	NO. 02-89-276
OF CHARGES AGAINST)	
)	FINDINGS OF FACT,
NARINDER K. SAINI, M.D.,)	CONCLUSIONS OF LAW, AND
)	PROPOSED DECISION AND
Respondent)	ORDER OF THE PANEL

TO: Narinder K. Saini, M.D.:

A Complaint and Statement of Charges was filed by William S. Vanderpool, Executive Director of the Iowa Board of Medical Examiners (hereinafter the Board) on December 28, 1989 concerning the Respondent. A hearing on the Complaint and Statement of Charges was held on May 31, 1990, beginning at 8:35 a.m. The hearing was held in the second floor conference room, Executive Hills West, Des Moines, Iowa. The hearing was closed to the public pursuant to Iowa Code section 258A.6(1) (1989) and 653 Iowa Administrative Code 12.50(23)d. A three-member Board panel was present for the hearing. The members of the panel were Donna Drees, M.D., John Olds, M.D., and Robert Stickler, M.D. Julie F. Pottorff, Assistant Attorney General, appeared for the State. The Respondent, Narinder K. Saini, M.D., appeared on his own behalf and was not represented by legal counsel. Present also were members of the staff of the Board and a court reporter. The undersigned Administrative Law Judge from the Iowa Department of Inspections and Appeals presided, and was instructed to prepare this decision.

THE RECORD

The record in this case includes the Complaint and Statement of Charges filed December 28, 1989; an Original Notice and Order for Hearing filed December 28, 1989; a letter dated January 15, 1990 (Saini to Vanderpool); an Order dated March 2, 1990; an Order dated April 11, 1990; a letter dated April 21, 1990 and filed April 25, 1990 (Saini to Vanderpool); a Resistance to Motion for Continuance; an Order filed May 14, 1990; a Supplementary Statement in Support of Resistance to Motion for Continuance filed May 14, 1990; a Corrected Order dated May 15, 1990; a written request that the hearing be closed to the public; the recorded testimony of the witnesses; and the following Exhibits: State's Exhibits 1, 2, 2A through 2L and 3 - 8; Respondent's Exhibits A through C.

FINDINGS OF FACT

1. Narinder K. Saini, M.D., was issued license number 22456 to practice medicine and surgery in the State of Iowa on June 2,

1981. The license is current until October 1, 1990. (State's Exhibit 2).

2. Dr. Saini, the Respondent, was born on October 19, 1946 in India. He attended medical school in India and received his degree on April 6, 1971. Dr. Saini did a one-year internship in India from January 1, 1970 to December 31, 1970. Dr. Saini did a six-month medical residency and a six-month surgical residency in India. He did a one-year psychiatric residency in Manchester, England from August 2, 1972 to August 21, 1973. Dr. Saini then did a second psychiatric residency in Scotland from August 23, 1973 to September 18, 1975. Dr. Saini passed the FLEX examination in December 1980 in Des Moines, Iowa. Dr. Saini is licensed to practice medicine in the United Kingdom, India, Iowa, Nebraska, and Wisconsin. From August 9, 1976 to October 1978, Dr. Saini worked as a staff psychiatrist at the Mental Health Institute in Clarinda, Iowa. He was terminated on December 4, 1978, because he abandoned his position. Dr. Saini next worked as a senior lecturer in psychiatry at the Medical College, Rohtak, India from November 13, 1978 through May 2, 1980. He then worked as a staff psychiatrist at the State Hospital in Larned, Kansas from May 12, 1980 to June 1981. From July 1, 1981 to November 15, 1981, Dr. Saini worked as a staff psychiatrist at Regional Center in Lincoln, Nebraska. He was then transferred to the Norfolk Regional Center in Norfolk, Nebraska. He was a staff psychiatrist at Norfolk from November 16, 1981 to October 1983. At the same time, he was also a consultant psychiatrist to Lutheran Hospital and Sister's Hospital in Norfolk. From December 1983 through 1986, Dr. Saini worked as a private psychiatrist and part-time lecturer in psychiatry in Rohtak, India. On February 24, 1986, Dr. Saini began working as a staff psychiatrist at the Mendota Mental Health Institute in Madison, Wisconsin. In September 1986, Dr. Saini left the Mendota Mental Health Institute and went to work for the Community Mental Health Center in Marshalltown, Iowa. Dr. Saini worked as a medical director and psychiatrist at the Mental Health Center of Mid-Iowa from September 1986 through May 1989. Dr. Saini resigned from the Mental Health Center of Mid-Iowa on May 26, 1989. Mike Bergman, executive director of Mid-Iowa, testified at the hearing on Dr. Saini's behalf. Mr. Bergman was very positive about Dr. Saini's employment at Mid-Iowa. Dr. Saini then went to work at the North Iowa Mental Health Center in Mason City, Iowa. Dr. Saini resigned from the North Iowa Mental Health Center on August 17, 1989. The Board panel views the number of jobs Dr. Saini has held with concern. (testimony of Dr. Saini, Mike Bergman, David Smith; State's Exhibits 2, 2G, 2H).

3. In 1977 and 1978, Dr. Saini suffered from migraine headaches and missed work several days. Dr. Saini has suffered from recurrent depression and migraine headaches for several years. He has treated himself with anti-depressants (Ludiomil, 25 mg./day and Xanax) and Cafergot for several years. The panel is very concerned that Dr. Saini treated himself with anti-depressant drugs for years. Dr. Saini testified that this is

acceptable practice in India. He also testified that he knew this is not acceptable practice in the United States. This self treatment shows extremely poor judgment and may have led to Dr. Saini's breakdown in 1989 because he was not under adequate medical care. (testimony of Dr. Saini; State's Exhibits 2, 2E, 2H, 2K, 3, 6, 7).

4. In 1988, Dr. Saini assaulted his wife and injured her. He was found guilty of serious domestic assault. On July 25, 1988, the court ordered that judgment be deferred, and Dr. Saini was placed on probation for two years. On January 18, 1990, Dr. Saini was discharged from probation and his criminal record was expunged. The Board panel is concerned that at the hearing, Dr. Saini testified that since the court discharged him and expunged his criminal record, for all purposes he has no domestic violence case whatsoever in the past. Dr. Saini appeared to be denying that this incident had occurred. The panel views this incident as part of Dr. Saini's illness. (testimony of Dr. Saini, David Smith; State's Exhibits 2, 2F; Respondent's Exhibit A).

5. In April 1989, Dr. Saini took leave from his job in Marshalltown and went to India for about a month and a half. While he was in India, he experienced a religious conversion. (testimony of Mike Bergman, David Smith, Dr. Saini; State's Exhibit 2).

6. Dr. Saini returned to Marshalltown in May 1989 and worked at Mid-Iowa for approximately two weeks. He then moved to Mason City and began working at the North Iowa Mental Health Center on May 29, 1989.

Dr. Saini began to discuss miracles which he had experienced in India with his fellow employees at North Iowa. He told them that his head had been fractured and his arm broken, and that he had been miraculously healed by God and his own spiritual powers and that no scars had been left from these injuries. He stated God had given him the power to read people's minds. He stated he could look into a person's eyes for an instant and tell where that person was in relationship with God. Dr. Saini told the employees that God revealed details of other people's lives to him, and he therefore did not need to read patients' charts. He stated he was in almost constant communication with God, and often did not sleep all night because religious things were happening to him. (testimony of David Smith, Mike Bergman, Dr. Saini; State's Exhibits 2, 2A, 2D).

7. Dr. Saini was in a psychotic episode while at the North Iowa Mental Health Center. He compromised patient care at North Iowa. He merged his religious beliefs with treatment of patients in an intrusive manner and to a degree that was harmful to patients. His religiosity was a manifestation of his mental deterioration. Dr. Saini told one patient that there was nothing wrong with her and that she just needed to have faith. He told one patient to go home and swear on a Bible to her husband and

child that she would not commit suicide because it was wrong. Dr. Saini told one patient he was going to die and that he would most likely kill others. This was very frightening and upsetting to the patients and their families. Dr. Saini saw one patient who was hallucinating and documented "no evidence of hypomania, depression or psychotic features" on the patient's chart and did not adjust the patient's medication.

Dr. Saini inserted his religiosity into his counseling patients numerous times. He did not read patients' charts. He did not document seeing patients on charts. Dr. Saini misdiagnosed patients. He indiscriminately and/or over-prescribed medication for patients. His record keeping was inadequate. His evaluations were inadequate. (testimony of David Smith, Dr. Saini; State's Exhibits 2, 2A, 2C, 2D, 2I - 6).

8. During the first week of Dr. Saini's employment at North Iowa Mental Health Center, the Executive Director and the Medical Director met to discuss concerns regarding Dr. Saini. Dr. Saini was not given a full caseload and close medical supervision was instituted. On June 15, 1989, staff of North Iowa met with Dr. Saini and discussed the situation. During Dr. Saini's third week of employment, Dr. Saini met with the medical director and another psychiatrist at North Iowa. They discussed Dr. Saini's mixing religion with his clinical practice and the problems this was causing. On June 23, Dr. Saini met with the staff regarding his care of clients. At the meeting, Dr. Saini stated he could read other people's minds. After this meeting, Dr. Saini thought he could observe a boundary between religion and his clinical practice. However, matters continued to deteriorate even though Dr. Saini was confronted by his supervisors and staff. Staff, clients, and outside referring agencies reported increasing client problems.

By July 20, 1989, Dr. Saini's wife reported to North Iowa that Dr. Saini was ill and would not be returning to work. He did return to work one day. His practice that day was closely observed by his supervisor. He made many serious errors of various kinds. Dr. Saini did not return to work after this day. On August 1, 1989, Dr. Saini called the executive director and in an irrational manner accused the director of attempting to control Dr. Saini's thoughts and life through sound waves. He also accused a number of people of threatening him. He resigned from North Iowa. Dr. Saini threatened to go to the police and the media. Dr. Saini sent a letter to the Mason City Police Department entitled "My last report in case of accidental death". In the letter, Dr. Saini told the police to arrest a number of employees and the medical director and executive director of North Iowa in the event of his death and accused them of various nefarious acts.

On August 2, 1989, Dr. Saini met with the North Iowa directors and requested medical leave. He stated he had fired the psychiatrist and neurologist who had examined him. He stated he

had not been functioning appropriately and that he would retract the statements made to the police.

Dr. Saini's resignation was put on hold and he was placed on two weeks medical leave under certain conditions. One condition was that Dr. Saini have a treating physician and that North Iowa be fully informed of treatment and recommendations. The other was that medical leave was taken in conjunction with disciplinary action "due to the serious nature of the medical practice that had been occurring at the Center." (State's Exhibit 2B, page 4).

North Iowa's position was that ". . . gross misconduct and negligence occurred in the course of medical care at the Center . . ." (Exhibit 2A, page 4). The Directors of North Iowa determined that they did not have the capacity to supervise Dr. Saini to the extent needed to ensure that the same problems would not recur. They therefore determined to request Dr. Saini's resignation or to terminate him. The executive director wrote in a memo dated August 17, 1989:

The Center, however, cannot and will not place client care further at risk given the nature and severity of the situation. It should be noted that attempts to resolve and address problems as they were presented proved fruitless in terms of corrective actions and direct involvement of both medical and non-medical staff. There is no reason to believe that though matters were exacerbated during the period between the 20th and August 1st, that such problems would not recur in the future on the basis of Dr. Saini's method of practice.

Dr. Saini resigned effective August 17, 1989 after a meeting at North Iowa. (testimony of David Smith, Dr. Saini, Mike Bergman; State's Exhibits 1, 2, 2A, 2B, 2C, 2D, 2E).

9. In late July 1989 Dr. Saini was seen by a neurologist, an internist and a psychiatrist. All noted depression. He also had worsening headaches and tachycardia. The psychiatrist noted Dr. Saini was confused at times, had decreased ability to concentrate, and decreased memory. The diagnosis was major depression and personality disorder. Dr. Saini saw a second psychiatrist in August 1989. On August 13, this psychiatrist stated Dr. Saini could return to work. This psychiatrist told Investigator Smith that the alleged injuries to Dr. Saini's head and arm did not really happen and were either a dream, or a result of Dr. Saini's imagining around his religious conversion. (testimony of David Smith; State's Exhibits 1, 2, 2E, 2I).

10. On August 8, 1989, Dr. Saini's first psychiatrist called the Iowa Board of Medical Examiners to report Dr. Saini's depression, psychotic symptoms, paranoid thought disorder, bizarre behavior, and problem with the practice of medicine. The Board began investigation. (testimony of David Smith; State's Exhibits 1, 2).

11. On the night of October 13, 1989, Dr. Saini was agitated and had a sleepless night. On October 14, 1989, Dr. Saini was seeing patients in the second psychiatrist's office. Dr. Saini became agitated and "fell to the ground in a hysterical fashion". He became catatonic. On October 16, 1989, he woke up at 5:00 a.m. in an agitated state. He removed his clothing, was "walking around the house with hypersexual behavior, was violent to the extent of striking his wife", and claimed to be god. (Exhibit 2K, page 1). Dr. Saini's wife and the second psychiatrist filed commitment papers and he was admitted to the psychiatric unit at the University of Iowa Hospital. Prior to admission, Dr. Saini had decreased food intake and was not drinking. Upon admission, Dr. Saini was catatonic and hallucinating. Impression was bipolar affective disorder with psychotic mania and catatonia. On October 18, 1989, Dr. Saini signed a voluntary admission form. Dr. Saini was a patient at the hospital from October 16 through November 10, 1989. His diagnosis was bipolar affective disorder. He was treated with lithium and nortriptyline. On December 8, 1989, his psychiatrists from the hospital felt he could return to work, but that he should continue to receive close psychiatric monitoring and stay on current medications. (testimony of David Smith, Dr. Saini; State's Exhibits 2, 2K, 2L).

12. Dr. Saini began working at the Forensic Center of the Mendota Mental Health Institute (hereinafter Mendota) in Madison, Wisconsin on January 29, 1990. As a condition of his continued employment, Dr. Saini was required to provide monthly reports from a psychiatrist licensed in Wisconsin not on the Mendota staff that indicate Dr. Saini's ability to work is not impaired by a mental or emotional disorder. Mendota is pleased with the quality of Dr. Saini's work. Dr. Saini is in charge of sixty patients. He testified he is under no supervision in Wisconsin. He testified he is doing admissions, night duty, seeing patients, and practicing psychiatry without supervision. Dr. Saini works with other physicians on a daily basis. He is in charge of the unit, but there are other psychiatrists and psychologists who work with him. (testimony of Dr. Saini, Mike Bergman; Respondent's Exhibits B, C).

13. At the request of the Iowa Board of Medical Examiners, Dr. Saini was evaluated at the Mayo Clinic beginning February 14, 1990. The Mayo Clinic did outpatient examinations of Dr. Saini in the Departments of Psychiatry, Neurology and Psychology. The Mayo doctors noted the University of Iowa diagnosis of bipolar affective disorder which responded to treatment with lithium carbonate and nortriptyline. Psychiatrist Dr. Hanson of the Mayo Clinic stated that Dr. Saini's "current behavioral and mental status observations demonstrated no significant abnormalities." Dr. Hanson went on to state the following:

Preliminary psychometric examinations strongly suggested the presence of cognitive impairment in the areas of

visual-spatial reasoning, sustained concentration, memory, and learning efficiency. These tests included the Wechsler Adult Intelligence Scale-Revised, the California Verbal Learning Test, Trails Tests, and Categories Tests. Given the possibility of an organic cognitive syndrome, a complete neurologic examination and additional psychometric examinations were arranged.

The neurologic examination was conducted by Dr. Richard J. Caselli. There were no abnormalities of significance on the general clinical examination, but an MRI scan of the head demonstrated multiple small foci of increased T2 weighted signal within the white matter regions of both cerebral hemispheres. There was no evidence of hemorrhage and no evidence of mass. These findings were interpreted by Doctor Caselli and by the neuro-radiologist as being compatible with a demyelinating disease (multiple sclerosis) with a possible consideration of a diffuse vascular degenerative process. Normal results were reported for cerebrospinal fluid examination, including immunoglobulins, protein, glucose, serologies, Beta-glucuronidase, cytology, and cell count; and normal results of blood tests included serologies (including Lyme disease), thyroid function studies, ANA, liver function tests, serum lipids, chemistry groups, and sedimentation rate. An EEG and visual evoked responses were not performed at this time. Doctor Caselli has recommended two additional tests be performed in the immediate future to rule out possibility of rare but potentially treatable cause, and this includes serum folate and B-12 and serum for extractable nuclear antigen for Sjogren's syndrome.

Additional neuropsychometric examinations were conducted by Dr. Daniel Rohe and included the Stroop Color Word Test, Beta Mazes, and Wisconsin Card Sorting Test. The full-detailed report of these results would be available to you on request, and I present here Doctor Rohe's summary/conclusions. The neurocognitive assessment confirms the presence of cognitive dysfunction, consistent with mild organic brain dysfunction of a generalized nature. Borderline scores were present on measures reflective of speed of information processing. Reading comprehension abilities were at the fourth grade level, which is believed to be a serious reduction from levels presumed present premorbidly. Learning efficiency was compromised at low average levels. Delayed recall was moderately impaired. Foresight and planning abilities, as well as abstracting ability--conceptual flexibility were in the borderline range of performance.

The findings of affective disorder, general cognitive decline, with multiple pathologic areas of increased T2

signal on MRI, with no other clear etiology, taken together are extremely strong evidence for a presumptive diagnosis of multiple sclerosis. (The serum B-12 and extractable nuclear antigen need yet to be performed.) The findings also indicate, in our opinion, that the degree of neurocognitive impairment is sufficiently great to impose very significant risks of compromising competence in the practice of medicine and psychiatry. Given these findings and recommendations, Doctor Saini would qualify for total medical disability.

Our further recommendations include cognitive and neurologic reassessment in approximately nine months' time to monitor the clinical course and to continue under the care of a psychiatrist for the maintenance treatment of affective disorder.

(testimony of David Smith; State's Exhibit 3).

14. On May 22, 1990, Dr. Rohe, a psychologist at the Mayo Clinic, wrote a letter and enclosed copies of the neuropsychological assessment done of Dr. Saini on February 14 and February 28, 1990. Dr. Rohe stated the following:

After rereading my report of February 28, 1990, I note a minor change is needed. In the summary I indicated his reading comprehension level is at a fourth grade level when in actuality it is at a fifth grade level. This minor alteration has no overall bearing on the conclusion of the report.

During our telephone conversation, you inquired whether or not the psychiatric condition for which Doctor Saini is being treated could somehow be related to the organic condition under which he currently suffers. As stated on the telephone, there is no way to appropriately disentangle which caused what in this case. Doctor Saini may well have had a separate psychiatric condition preceding the development of his current structural brain changes, or they could have been concomitant. The current medical treatment for his psychiatric condition may well prove adequate to the task of relieving him of the psychiatric symptoms. Nonetheless, the mild organic brain syndrome remains. Of utmost concern is the borderline level of functioning in the domain of novel problem solving and foresight/planning abilities. Given the nonroutine nature of most psychiatric practice, novel problem solving is an ongoing demand of the occupation. At a minimum, Doctor Saini would require direct supervision of his psychiatric practice and even with this level of supervision I remain doubtful whether or not his higher level problem solving abilities would be adequate to the task. In short, I believe he has sufficient cognitive impairment to consider him medically disabled within the occupational realm of being a psychiatrist. (State's Exhibit 4, page 1).

Dr. Rohe stated the following, in part, in the test observations portion of the February 14, 1990 testing:

He currently is on his normal level of Pamelor and Lithium Carbonate. During assessment no difficulties with sight or vision impacted assessment. He was cooperative throughout testing. During a brief post-testing interview he indicated that he was somewhat nervous at the beginning of assessment but calmed down after three to five minutes. He reports being unaware of any changes in his intellectual abilities since graduating from medical school. He states he believed he did as well as he could on assessment and noticed no unusual difficulties.

In the statement of test results of February 14, 1990, Dr. Rohe stated:

This individual's difficulties with visual-spatial reasoning, sustained concentration, memory, and learning efficiency raise concern about his safety in returning to independent work. Repeat neuropsychological assessment is recommended in nine to twelve months time. Hopefully this individual's cognitive difficulties are primarily related to a reversible psychiatric condition rather than some other ongoing organic process. Careful and well delineated structure in terms of returning to work is suggested.

On February 28, 1990, Dr. Saini returned to Mayo for further assessment by Dr. Rohe. Dr. Rohe stated the following in part, in the statement of test results:

This individual has an exceedingly strong need to present himself in a favorable light to others and is unwilling or incapable of admitting personal shortcomings. Because of this, the results of the MCMI have to be interpreted with caution and the results are likely to underrepresent the degree of emotional difficulty under which this individual is currently laboring.

. . .

In summary, today's neurocognitive assessment reconfirms the presence of cognitive dysfunction suggested on previous assessment. Test results are consistent with mild organic brain dysfunction of a generalized nature. Contrary to the report of 2-14-90, today's data do not support the contention of a lateralized or localized lesion. This individual is fully oriented and displayed adequately attention and sustained concentration. This individual was slow in his physical

movements and in his thought processing. Borderline scores were present on measures reflective of speed of information processing. Reading comprehension abilities were merely at a fourth grade level which is believed to be a serious reduction from levels presumed present premorbidly. Learning efficiency remains compromised and at best low average. Today's half-hour delay recall is moderately impaired and this represents a poorer performance than that seen two weeks ago. Foresight and planning abilities as well as abstracting ability/conceptual flexibility are at best borderline. Personality assessment suggests an exceedingly guarded individual who likely has compulsive and dependent personality characteristics. The degree of neurocognitive compromise is sufficiently great to make this individual unfit for the independent professional practice of psychiatry. The generalized cognitive compromise especially in the domains of learning efficiency, memory, abstracting ability and novel problem solving appear to be ongoing. Further medical tests are pending in an effort to rule out other treatable organic causes of this individual's organic brain syndrome. At the present time, Dr. Saini retains sufficient cognitive abilities to function independently in nonprofessional realms of his life. Repeat neurocognitive assessment is suggested in six to nine months time in order to track whether or not further compromise is occurring and provide input into ongoing treatment planning.

(testimony of David Smith; State's Exhibit 4).

15. The Board panel places greater weight on the assessment done at Mayo Clinic than that done at the University of Iowa because the testing at Mayo was far more comprehensive than that done at Iowa City. Tests of cognitive ability were not done at Iowa City. (State's Exhibits 2K - 6).

16. On May 22, 1990, Dr. Hanson of the Mayo Clinic wrote a letter to Ms. Julie Pottorff regarding Dr. Saini. Dr. Hanson stated the following in his letter:

Doctor Saini reported a history of having experienced several depressive episodes over a period of six years prior to the onset of the psychotic affective episode which was documented and diagnosed over the summer and early fall of 1989. As you know, he was not examined at Mayo Clinic at any of those times, but the history from various sources, including the University of Iowa, is consistent with a long-standing recurrent affective disorder, which culminated in a psychotic and quite likely manic episode which waxed and waned over a period of three to four months in 1989. It should be noted that the findings of a central nervous system neurologic disease were not known prior to February 1990 when the MRI scan of the head and the neuropsychometric

studies were performed. It is possible, although not conclusive, that the organic neurologic disease (presumptive multiple sclerosis) could have been the stimulus for the psychotic-manic behavior of the summer and fall 1989. This possibility greatly increases the complexity and difficulty in making a prognosis.

Taken by itself, the prognosis for bipolar affective disorder uncomplicated by any known neurologic disease, is generally quite good if close attention is given to the maintenance of prophylactic medication and close attention given to frequent examinations for early signs of a recurrent episode. Prophylactic treatment with lithium carbonate alone prevents future episodes in approximately 60 to 70 percent of cases, and when this proves unsuccessful, there has been additional percentage of adequate prophylaxis when other medications, such as Carbamazepine, are added. Nevertheless, a significant minority of cases do experience one or more recurrences of symptoms which can be disabling for a period of time. Doctor Saini's major affective and psychotic symptoms appear to have responded quite completely to the treatment of lithium and nortriptyline up to the present time, and we would normally expect, given no other possible complicating factors or conditions, that he would be able to return to his usual roles and responsibilities with his usual competence under the condition that he would have reasonable peer review and a regular schedule of psychiatric treatment support and monitoring of his mental status. During the first six months following the psychotic affective episode, I would recommend a minimum of twice-monthly psychiatric contacts, and monthly contacts during the second six months. After the first year these contacts could be lengthened in interval but probably no less than every three months.

The neurologist and neuropsychologist would be better able than I am to comment about the significance of the abnormal neurologic and psychometric findings. In my experience, however, it is often the case that a person with these types and degrees of neurocognitive deficits may well be able to function effectively in their usual roles so long as they are sheltered from demands for solving problems which have unique or unfamiliar features, and when sheltered from having to make decisions which must be hurried or made under unusual stress or pressure. In actual clinical practice, it would seem difficult, although perhaps not impossible, to satisfy these conditions.

(State's Exhibit 6).

17. On April 16, 1990 and May 16, 1990, Dr. Saini was seen for neurological consultation and follow-up by Dr. Fleming at the

University of Wisconsin Hospital and Clinic. He was also seen by psychiatrist Dr. Diamond on May 4, 1990 at the University of Wisconsin Medical School.

In his notes of the April 16, 1990 evaluation, Dr. Fleming states: "There is no family history of neurological or psychiatric disease, as far as the patient knows." (State's Exhibit 7, page 3). Dr. Fleming made the following preliminary assessment on April 16, 1990:

I am requesting the Mayo Clinic to send copies of the MRI scans and copies of the neuropsychological testing. A final impression is deferred until that time. From a preliminary point of view, however, I am reluctant to make the diagnosis of multiple sclerosis in a patient who has only psychiatric symptoms, a normal neurological examination essentially, and a normal cerebrospinal fluid examination. It is true, of course, that multiple sclerosis may present as a pure psychiatric syndrome and this possibility must be kept in mind. Review of the MRI scan and the test of time will most likely be the most useful bits of information in this regard. It may also be useful to repeat neuropsychological testing here, particularly since the patient says that he felt paranoid while he was at Mayo Clinic, and he did not score as well as he thought he should have. In addition, visual evoked responses were not done, and this may be useful to look at in the future as well. A serum copper and a ceruloplasmin were ordered today to rule out the very remote possibility that ocular abnormalities seen may represent an atypical form of Wilson's disease. Finally, the patient states that he has an appointment on May 4, 1990, with Dr. Ron Diamond in our hospital. I will review the findings above with Dr. Diamond and continue to follow the patient from a neurological point of view.

Dr. Fleming saw Dr. Saini again on May 16, 1990. Dr. Fleming's notes from that visit are as follows:

The patient is a 43-year-old psychiatrist who comes for a follow-up visit concerning possible multiple sclerosis. His history is detailed in the original note of April 17, 1990 and basically consists of a six-year-history of depression and a one-year-history of cognitive dysfunction. An MRI scan showed numerous bright appearing spots on T2 weighted images, and a diagnosis of multiple sclerosis was entertained. Nevertheless, his history and examination would be quite atypical for MS as noted, and his cerebrospinal fluid was reported to be normal.

On a follow-up today, he notes continuing improvement. He says that he felt quite dysfunctional and paranoid

when examined at Mayo Clinic and that his functioning was "10% of normal." He feels now that he is back to "70 to 80% of his normal functioning. He says that he is able to take night call, do four or five admissions a day, and is actively pursuing his work at the hospital. Also on further questioning, he gives further details of the episode of head trauma one year ago. He was hit over the head once with a solid wooden club. This blow stunned him and knocked him to the ground. However, he is quite clear that there was no loss of consciousness, and there was no pain or headache or abnormal drowsiness following this episode. This history may be important for conceivably head trauma of this sort could cause the MRI picture we see. Today, mental status was not tested formally but in casual conversation, he gives crisp and sharp answers and shows appropriate humor without any evident thought disorder. He was seen last week by Dr. Ron Diamond, and according to the patient, Dr. Diamond recommended postponing further mental status testing until the patient has settled down a little bit.

A number of tests have been ordered or are pending. These include a 2D echocardiogram, repeat Lyme titers, VDRL, angiotensin converting enzyme, and a chest x-ray. The patient will be seen in four weeks for follow-up and for assessment of these results.

As long as he continues to improve and his problems remain primarily psychiatric and in addition well controlled by his medication, I think it best to simply follow the patient from a neurological point of view. If, on the other hand, definite cognitive impairment is noted on follow-up examination, admission should be considered for definitive workup. In the unlikely event that his cognitive deficits are severe and progressive, it may be necessary to consider cerebral angiography and even biopsy. On the other hand, it seems likely that he will continue to improve, and it is possible that the majority of the mental status changes can be related to his underlying psychiatric disorder with resultant paranoia which gave him poor neuropsychological testing. In addition, the MRI appearances could be related to a nonprogressive disorder; for example, a single episode of head trauma. In any event, we will continue to follow the patient closely to monitor his progress.

Dr. Fleming stated the following in a letter dated May 29, 1990:

When the patient was first seen at Mayo Clinic in March, 1990, he evidently was quite ill. The marked cognitive deficits noted on neuropsychological testing and his abnormal brain MRI scan at that time suggested that the patient might have a progressive neurological disease,

such as multiple sclerosis or central nervous system vasculitis.

Subsequently, the patient has made a good recovery on neuroleptic medication alone. He is functioning adequately as a psychiatrist in a supervised, protected environment. As time goes on, I am less inclined to think that Dr. Saini suffers from a primary neurological illness. His MRI findings, for example, are nonspecific and could relate to an episode of head trauma one year ago.

Tests for vasculitis, sarcoid, Lyme disease, thyroid disease, cardiogenic emboli, syphilis, B₁₂ deficiency, and Wilson's disease have been negative. My plan at present is to simply follow the patient at regular intervals. In the unlikely event that he develops definite, progressive neurological dysfunction, I would pursue admission for a definitive workup. At present, I do not think an invasive workup is justified.

In summary, there is little evidence at present that the patient suffers from a neurological disease or is neurologically impaired. I think Dr. Saini may practice medicine, so long as his condition does not change and he continues to be closely supervised.

(State's Exhibit 7).

18. Dr. Diamond wrote a letter on May 30, 1990 regarding Dr. Saini. Dr. Diamond reviewed Dr. Saini's records and saw him for one visit on May 4, 1990. Dr. Diamond reported that Dr. Saini's mood on May 4th was "essentially normal without signs of either depression or mania. He continues to be on lithium carbonate and on various small and decreasing doses of haloperidol." Dr. Diamond did not repeat psychological testing, but did have an office-based impression that Dr. Saini was "functioning at a higher cognitive level than the testing from Mayo would indicate." Dr. Saini and his wife told Dr. Diamond that Dr. Saini was in the midst of depression during the Mayo testing and that the testing did not accurately reflect his current level of function. Dr. Diamond told Dr. Saini of his plans to delay the repetition of the psychological testing until late summer or early fall so that Dr. Saini wasn't under any stress associated with the move to Madison and new job. Dr. Diamond wrote "as you know, he is currently practicing in a closely supervised setting, and according to his reports, he is doing well." (State's Exhibit 8).

19. The Board panel places greater reliance on the testing performed at the Mayo Clinic than the assessment done at Madison for several reasons. First, the Mayo testing was far more comprehensive. Second, Dr. Fleming places great significance on the blow to the head that Dr. Saini sustained in India as explaining Dr. Saini's MRI findings. The Board panel does not

believe that Dr. Saini sustained such a blow to the head because of the claim of miraculous cure within hours leaving no scars by Dr. Saini when he was in the midst of his psychotic episode, and because Dr. Saini's own psychiatrist, Dr. Singh, stated that the blow did not happen. Third, Dr. Saini told Dr. Fleming that there was no family history of neurological or psychiatric disease so far as he knew. This is not what is indicated by the University of Iowa records and Dr. Singh's notes. Further, Dr. Fleming and Dr. Diamond wrote that Dr. Saini is practicing psychiatry in a supervised protected environment. This is directly in conflict with Dr. Saini's own testimony at the hearing.

However, the Board panel recognizes that Dr. Fleming and Dr. Diamond may be correct, and the only way to determine the correct diagnosis is by further testing and the passage of time. (testimony of David Smith, Dr. Saini; State's Exhibits 2, 2A, 2I - 2K, 3 - 8).

20. Dr. Saini is not currently practicing in Iowa and has no plans to return to Iowa and no plans to practice in Iowa. At the hearing, when asked whether he plans to return to Iowa, Dr. Saini responded "If you show me this kind of hospitality, should I come?" and stated he does not feel like coming back to Iowa in the near future. (testimony of Dr. Saini).

21. Dr. Saini is currently seeing a psychiatrist and a neurologist once per month in Wisconsin. (testimony of Dr. Saini).

22. There is a possibility that Dr. Saini could have another psychotic episode and future patient care could be compromised. (State's Exhibits 1 - 8).

23. Punishment is not appropriate in this case. Dr. Saini has an illness and protection of the public is the appropriate consideration. At this time, it is unclear whether Dr. Saini has a progressive organic neurologic disease such as multiple sclerosis. It is clear that Dr. Saini has bipolar affective disorder which appears to be controlled by medication at present. The only way to make a correct diagnosis is to wait and do further testing as recommended by the Mayo Clinic, Dr. Diamond, and Dr. Fleming. (testimony of David Smith, Dr. Saini, Mike Bergman; State's Exhibits 1 - 8; Respondent's Exhibits A - C).

24. Dr. Saini's illness has been developing for years, as evidenced by the number of jobs he has held, his abandonment of his position at Clarinda, his self-treatment for years, and his abuse of his wife. Dr. Saini was psychotic during the summer and fall of 1989. During that time, his practice of psychiatry was harmful to patients. (testimony of David Smith, Dr. Saini, Mike Bergman; State's Exhibits 1 - 8; Respondent's Exhibit A).

25. Given the Mayo evaluation, the Board panel has marked reservations about Dr. Saini's cognitive ability and the possibility that he has a progressive degenerative disease. However, Dr. Saini is currently under treatment in Wisconsin by a psychiatrist and a neurologist. He has been functioning well in Wisconsin for approximately four months. His current employer has the restriction on his employment that he have monthly evaluations by a psychiatrist and a neurologist. Mayo Clinic recommended follow-up reassessment in approximately nine months to see if there was a progression in the deterioration. (testimony of David Smith, Dr. Saini, Mike Bergman; State's Exhibits 2, 2K - 8; Respondent's Exhibits B, C).

26. Dr. Saini testified that he continues to mix his religion with his psychiatric practice, although he testified he now spends a minimum amount of time doing it and can do it in a reasonable way. This is of concern to the Board panel. (testimony of Dr. Saini).

CONCLUSIONS OF LAW

1. Pursuant to Iowa Code section 148.6(1) (1989), the Iowa Board of Medical Examiners may take disciplinary action against a physician licensed to practice medicine and surgery if, after notice and hearing, the Board determines that the physician is unable to practice medicine and surgery "with reasonable skill and safety . . . as a result of a mental or physical condition." Iowa Code section 148.6(1)(h) (1989).
2. The Board may impose sanctions when the Board determines that the licensee is guilty of "practice harmful or detrimental to the public. Proof of actual injury need not be established." 653 Iowa Admin. Code 12.4(3). "Practice harmful or detrimental to the public includes, but is not limited to . . . when a physician is unable to practice medicine with reasonable skill and safety to patients as a result of a mental or physical impairment . . .". 653 Iowa Admin. Code 12.4(3)(c). The Board may impose sanctions when it determines that the licensee is guilty of "inability to practice medicine and surgery . . . with reasonable skill and safety by reason of a mental or physical impairment . . .". 653 Iowa Admin. Code 12.4(14).
3. Dr. Saini is and has been unable to practice medicine with reasonable skill and safety as a result of a mental or physical condition pursuant to Iowa Code section 148.6(1)(h) and 653 Iowa Admin. Code sections 12.4(3), 12.4(3)(c), and 12.4(14). His practice of psychiatry has been harmful or detrimental to the public pursuant to 653 Iowa Admin. Code sections 12.4(3), 12.4(3)(c), and 12.4(14). Without follow-up testing and the passage of time, the Board panel cannot determine that Dr. Saini can safely practice psychiatry at present or in the future due to his mental and/or physical condition.

DECISION AND ORDER

Dr. Saini has had a several-year period of illness. He changed jobs frequently for many years. He had a long history of self-medication. During the summer of 1989, Dr. Saini became psychotic and he harmed patients in his practice of psychiatry. Protection of the public requires that serious restrictions be placed on Dr. Saini's practice pending further evaluation by the Mayo Clinic. Clearly Dr. Saini cannot safely practice in a private practice setting. Protection of the public requires that Dr. Saini's practice be carefully structured and supervised so that each patient he sees is safe. This cannot be done in a psychiatric private practice.

Testimony and evidence was conflicting as to how directly Dr. Saini's employers are supervising him. Dr. Saini is currently practicing in Wisconsin in an institutional setting. He testified he is the chief of the ward. The panel is concerned about his ability to correctly prescribe medication. The panel is concerned about his cognitive ability. The panel is concerned about how much supervision he is receiving from his employer and fellow doctors. In order to ensure the safety of the public, the panel believes that Dr. Saini must have more time under the care of his psychiatrist and neurologist and more time taking his medication. He also must have follow-up evaluation as recommended by the Mayo Clinic.

Dr. Hanson of the Mayo Clinic made the statement that "the degree of neurocognitive impairment is sufficiently great to impose very significant risks of compromising competence in the practice of medicine and psychiatry. Given these findings and recommendations, Dr. Saini would qualify for total medical disability." (State's Exhibit 3, page 2). Dr. Hanson also stated in a letter dated May 22, 1990, "In my experience, however, it is often the case that a person with these types and degrees of neurocognitive deficits may well be able to function effectively in their usual roles so long as they are sheltered from demands for solving problems which have unique or unfamiliar features, and when sheltered from having to make decisions which must be hurried or made under unusual stress or pressure. In actual clinical practice, it would seem difficult, although perhaps not impossible, to satisfy these conditions." (State's Exhibit 6, page 2).

The panel does not know of any practice situation in which a psychiatrist could function without having to solve problems having unique or unfamiliar features, and in which some of the decisions which must be made would not have to be made quickly and under pressure.

It is possible that Dr. Saini does not have an organic disease underlying his bipolar affective disorder, and it is possible that his bipolar affective disorder could be controlled with medication. However, the Board panel cannot make that

determination at this time. Further testing must be done, and Dr. Saini must have a longer period of time on adequate medication under the care of his psychiatrist before the Board can be assured that Dr. Saini can safely practice psychiatry. Furthermore, Dr. Saini is not practicing in Iowa and has no plans to return to Iowa in the near future.

Therefore, it is hereby ORDERED that if this proposed decision becomes a final decision of the Board, the Director of Public Health of the State of Iowa will enter an appropriate order providing for license discipline against the Respondent, Narinder K. Saini, M.D., as follows:

License number 22456 to practice medicine and surgery issued to Narinder K. Saini, M.D. is suspended indefinitely. Prior to any reapplication to lift the suspension, Dr. Saini must have the recommended follow-up evaluation at the Mayo Clinic and must present evidence that he has followed the recommendations and treatment prescribed by the Mayo Clinic doctors. Further, Dr. Saini must present evidence of satisfactory stable employment for a period of at least three years. Further, Dr. Saini must present evidence that he has been to a psychiatrist and neurologist once per month as required by his Wisconsin employer and has followed their recommendations. Further, the Board has concerns with regard to Dr. Saini's competence to practice psychiatry. If Dr. Saini appears before the Board to request lifting the suspension, the Board may require re-examination to establish competence at that time. Further, the Board may impose any other conditions deemed necessary at the time of the requested reinstatement. Further, fulfillment of the above conditions is not a guarantee that Dr. Saini's license will be reinstated.

Dated this 3rd day of July, 1990.

Iowa Board of Medical Examiners

Donna Drees MD

Donna Drees, M.D.

John Olds

John Olds, M.D.

Robert B. Stickler

Robert Stickler, M.D.

Administrative Law Judge:

Amy Christensen Couch

Amy Christensen Couch

Administrative Law Judge

Iowa Department of Inspections and Appeals

ACC/jmm

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF IOWA

IN THE MATTER OF THE COMPLAINT :
AND STATEMENT OF CHARGES AGAINST : COMPLAINT AND STATEMENT
NARINDER K. SAINI, M.D. : OF CHARGES
RESPONDENT : 02 07 276

COMES NOW William S. Vanderpool, Executive Director of the Iowa State Board of Medical Examiners, on December 28, 1989, and at the direction of the Board, files this Complaint and Statement of Charges against Narinder K. Saini, M.D., a physician licensed pursuant to Chapter 147 of the Code of Iowa and alleges:

1. That Mary Ellis is the duly appointed and qualified Director of Public Health of the State of Iowa.
2. That John R. Anderson, M.D., Chairman; C. L. Peterson, D.O., Vice Chairman; Edra Broich, Secretary; Charlotte Clevenger, D.O.; Donna Drees, M.D.; John W. Olds, M.D.; Ann O'Neill; George Spellman, Sr., M.D.; and Robert B. Stickler, M.D., are the duly appointed and qualified officers and members of the Iowa State Board of Medical Examiners.
3. That the Respondent is a resident of Union County, Iowa, and was issued license number 22456 to practice medicine and surgery in the state of Iowa on June 2, 1981, as recorded in

the permanent records in the office of the Iowa State Board of Medical Examiners.

4. That the Respondent's license is current until October 1, 1990.

5. That on several occasions during the period from May, 1989, through December, 1989, inclusive, the Respondent was unable to practice medicine and surgery with reasonable skill and safety as a result of a mental or physical condition.

6. That the Iowa State Board of Medical Examiners is authorized to take disciplinary action against the Respondent pursuant to the provisions of sections 148.6(1), and 148.6(1)(h), of the Code of Iowa which state in whole or in part:

148.6(1) - " In addition to the provisions of sections 147.58 to 147.71, the medical examiners after due notice and hearing may direct the director of public health to issue an order to revoke or suspend a license to practice medicine and surgery... or to discipline a person licensed to practice medicine and surgery...if after a hearing, the medical examiners determine that a physician licensed to practice medicine and surgery...is guilty of any of the following acts or offenses:"

148.6(1)(h) - "Inability to practice medicine and surgery...with reasonable skill and safety...as a result of a mental or physical condition."

7. That the Iowa State Board of Medical Examiners is authorized to take disciplinary action against the Respondent pursuant to provisions of rules 653-12.4, 653-12.4(3), 653-12.4(3)(c) and 653-12.4(14) of the Iowa Administrative Code which

state in whole or in part:

653-12-4 - "Grounds for discipline. The Board may impose any of the disciplinary sanctions set forth in rule 12.2 including civil penalties in an amount not to exceed \$1000, when the board determines that the licensee is guilty of any of the following acts or offenses:

653-12.4(3) - "...practice harmful or detrimental to the public..."

653-12.4(3)(c) - "Practice harmful or detrimental to the public includes, but is not limited to...when a physician is unable to practice medicine with reasonable skill and safety by reason of a mental or physical impairment..."

653-12.4(14) - "Inability to practice medicine and surgery...with reasonable skill and safety by reason of a mental or physical impairment..."

8. That paragraphs 6 and 7 constitute grounds for the Iowa State Board of Medical Examiners to revoke, suspend or otherwise discipline the license to practice medicine and surgery issued to the Respondent, Narinder K. Saini, M.D., on June 2, 1981.

WHEREFORE the undersigned charges that the Respondent, Narinder K. Saini, M.D., is subject to disciplinary action pursuant to the provisions of sections 148.6(1), and 148.6(1)(h) of the Code of Iowa and rules 653-12.4, 653-12.4(3), 653-12.4(3)(c) and 653-12.4(14) of the Iowa Administrative Code and the undersigned prays that the Board enter an order fixing a time and place of hearing for the Complaint and Statement of Charges. The undersigned further prays that upon final hearing, the Board

enter its findings of fact and decision to revoke, suspend or otherwise discipline the license to practice medicine and surgery issued to the Respondent Narinder K. Saini, M.D., on June 2, 1981, and for such other relief as the Board deems just in the premises.

Iowa State Board of Medical Examiners



William S. Vanderpool
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Executive Hills
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