[Cite as *Moufawad v. State Med. Bd. of Ohio*, 2026-Ohio-3341.]

COURT OF APPEALS OF OHIO

EIGHTH APPELLATE DISTRICT
COUNTY OF CUYAHOGA

SAMI MOUFAWAD, M.D.,	:	
Plaintiff-Appellant,	:	No. 115983
v.	:	
STATE MEDICAL BOARD OF OHIO,	:	
Defendant-Appellee.	:	

JOURNAL ENTRY AND OPINION

JUDGMENT: AFFIRMED
RELEASED AND JOURNALIZED: August 27, 2026

Administrative Appeal from the Cuyahoga County Court of Common Pleas
Case No. CV-24-107917

Appearances:

Friedman, Nemecek, Long & Grant, L.L.C., and Eric C. Nemecek; Rolf Martin Lang L.L.P., and Christopher G. Kuhn, *for appellant*.

Andy Wilson, Attorney General of Ohio, Kyle C. Wilcox, D. Grant Wilson, and Christie Limbert, Assistant Attorneys General, *for appellee*.

EILEEN T. GALLAGHER, P.J.:

{¶ 1} Appellant Sami Moufawad, M.D. ("Moufawad"), appeals the judgment of the trial court affirming the indefinite suspension of his medical license by the

State Medical Board of Ohio ("Board"). He raises three assignments of error for our review:

> 1. The trial court erred/abused its discretion by failing to conclude that the Board's actions violated Dr. Moufawad's constitutional right to due process of law and/or should have been barred under the doctrine of laches.
>
> 2. The trial court erred/abused its discretion by affirming the Board's order despite the absence of any evidence establishing that Dr. Moufawad exploited the licensee-patient relationship.
>
> 3. The trial court abused its discretion by affirming the Board's 2024 order despite the absence of reliable, probative, and substantial evidence supporting the same.

{¶ 2} After a careful review of the record and applicable law, we find that Moufawad has not shown that the common pleas court erred by failing to conclude that his constitutional right to due process was violated or that the Board's action was barred by the doctrine of laches. He further has not demonstrated that the court erred or abused its discretion in affirming the Board's indefinite suspension of his license to practice medicine. There was reliable, probative, and substantial evidence to support the decision of the Board.

{¶ 3} We overrule the assignments of error and affirm the judgment of the trial court.

I. Factual and Procedural History

{¶ 4} This appeal arose from the Board's indefinite suspension of Moufawad's license to practice medicine in Ohio for a violation of the Board's sexual misconduct rules.

{¶ 5} The salient facts in this matter are largely undisputed. Moufawad had been licensed to practice medicine in Ohio since 2004. He practiced physical medicine, rehabilitation, and pain management. In 2007, he saw a woman for chronic pain in her back and abdomen ("the patient "). His treatment of the patient included prescribed opioids and injections. She saw Moufawad every month for six months. During this time, on two separate occasions, the patient inquired as to whether the size of her breasts was causing her pain. As she made the inquiry, she raised her shirt and bra, exposing her breasts to Moufawad.

{¶ 6} Both times, Moufawad "lifted" the patient's breasts to perform a cursory breast exam. He did not offer the patient a gown or the presence of a chaperone. Moufawad advised the patient that he did not believe her breast size was the cause of her pain. Neither breast exam was documented in the patient's medical record.[1] Moufawad stated that he did not document them because he felt her breast size was not the cause of her pain.

{¶ 7} Sometime after the patient's last visit in 2007, Moufawad implemented an office policy requiring a member of his staff to be present during all patient visits.

{¶ 8} The patient did not return to Moufawad's office until December 2010. She had an appointment with him for lower back, abdominal, and pelvic pain. Moufawad's medical assistant was present during this visit. The patient again inquired as to whether her breast size was contributing to her lower back pain;

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[1] Moufawad acknowledged that he did not perform a complete and proper breast exam because that is not part of his routine practice.

Moufawad advised her to see a surgeon. Moufawad recognized the patient from her previous appointments but later said that he did not remember that she had exposed her breasts to him twice in 2007.

{¶ 9} The patient told her primary care physician about Moufawad's actions in touching her breasts. The patient's doctor advised her to go to the police or the hospital advocate. The record does not reflect that the patient took either action.

{¶ 10} In January 2011, the patient again saw Moufawad. His medical assistant was also present in the room. The patient asked why the medical assistant was necessary and objected to her remaining in the room. Moufawad then asked his assistant to leave; the door to the exam room remained partially open, and the visit continued. During his examination of the patient, she lifted her shirt and bra as she had previously and asked whether she needed surgery. Moufawad again "lifted" the patient's breasts and told her he did not believe her breasts were causing her pain. Moufawad did not offer the patient a gown or a chaperone and did not document his touching of her breasts; he stated that it was not part of her medical treatment because she had come to him about her back and he did not believe her breast size was related to her back pain.

{¶ 11} Moufawad saw the patient three more times in 2011. At each appointment, Moufawad's medical assistant acted as a chaperone and remained in the exam room the entire time. The patient requested that the chaperone leave, but Moufawad refused. After the third visit in 2011, Moufawad terminated his doctor-patient relationship with the patient.

{¶ 12} In May 2011, the patient sent Moufawad a handwritten letter that referenced the instances of Moufawad touching her breasts. Moufawad testified that he panicked and shredded the letter; he later realized that his staff had read the letter and had likely made a copy. Several weeks later, the patient sent him another handwritten letter, referencing the same actions.

{¶ 13} In August 2011, Moufawad was informed that an investigation had been opened by the Board regarding a complaint made by the patient.[2] As part of the investigation, Moufawad was interviewed by a Board investigator. During the interview, Moufawad denied ever touching the patient's breasts. One week later, Moufawad sent a letter to the investigator and admitted to not being "completely truthful and candid" during the interview. He explained that the patient had exposed her breasts by raising her shirt and bra and that he had briefly lifted her breasts. He admitted to all three instances where he had touched the patient's breasts and acknowledged that he had not conducted himself appropriately with the patient or with the investigator during the interview. He further acknowledged that he had not documented his touching or examining of the patient's breasts and that he had not used proper technique for a breast exam.

{¶ 14} The investigation was closed with no action taken.

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[2] It is unclear whether the patient or her physician had reported the incidents that started the investigation.

{¶ 15} In 2012, Moufawad received a letter from the patient's attorney stating that the patient intended to file suit against him for medical malpractice and assault. An affidavit by the patient was attached to the letter.

{¶ 16} Less than two months later, the patient's attorney sent a second letter reiterating the intent to file a lawsuit and demanding the patient's medical records. Moufawad provided the records but did not otherwise respond to the letters. No suit was ever filed, and the patient passed away in 2016.

{¶ 17} In March 2023, the Board issued a "Notice of Opportunity for Hearing" to Moufawad stating that it was considering taking disciplinary action against him based upon allegations of sexual misconduct — specifically, touching the patient's breasts without a chaperone or gown on two occasions in 2007 and again in 2011. The notice further informed Moufawad of his right to request a hearing, which he subsequently did.

{¶ 18} At the hearing, the State presented an affidavit from the patient detailing her experiences as Moufawad's patient.[3] Moufawad testified at the hearing and presented the testimony of his medical assistant, several other physicians and a nurse with whom he had worked, and patient surveys depicting favorable responses regarding his treatment.

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[3] The affidavit was the same one that had been attached to the patient's attorney's letter to Moufawad stating the intention to file suit against him. Moufawad's counsel did not object to this exhibit, even though the patient was deceased and could not be cross-examined about it. Ultimately, the hearing examiner stated that he gave little weight to the affidavit.

{¶ 19} Moufawad admitted that he had lied to the investigator about touching and lifting the patient's breasts. Moufawad was asked if his failure to offer a gown or the presence of a chaperone was a violation of the Board's rules, and he said yes. Nevertheless, Moufawad stated that he believed that he had implied consent to perform the exam and that he was unaware that he should have offered a gown or chaperone before performing a breast exam under the Board's rules. But he admitted that he violated his own policy by asking the chaperone to leave the room and that he should have brought a chaperone into the room as soon as the patient exposed her breasts. Moufawad further acknowledged that he did not conduct a proper breast exam and that he should have documented everything that happened.

{¶ 20} Moufawad testified that he did not recall that the patient had previously exposed her breasts to him and only remembered after the January 2011 visit. Moufawad stated that the patient was the only patient who had ever exposed her breasts to him during an exam.

{¶ 21} The Board's hearing examiner issued a "Report and Recommendation" finding that Moufawad violated R.C. 4731.22(B)(6) and (B)(20), and Adm.Code 4731-26-02. He found the violations were committed three times — twice in 2007 and once in 2011.

{¶ 22} The hearing examiner found that Moufawad did not offer the patient a gown or note any breast exam in her chart on each of the three occasions and he did not offer her a chaperone on two occasions. He determined that Moufawad's

motivations for the exam were not medically driven and lacked therapeutic justification, which warranted a harsh sanction.

{¶ 23} The hearing examiner further found that the allegations against Moufawad had been proven and recommended a suspension of his medical license. He did not find Moufawad to be credible when he stated that in 2011 he had not recalled the patient previously exposing her breasts to him.

{¶ 24} Moufawad filed objections to the "Report and Recommendation" wherein he outlined the statements that he believed were not accurate and provided additional context, including his lack of awareness as to the patient's mental-health issues, addiction to pain medication, and lack of reporting of the incidents.

{¶ 25} The Board considered the hearing examiner's report at a Board meeting in November 2024 and subsequently issued an "Entry of Order" suspending Moufawad's license. The suspension was indefinite but would last not less than one year. The order set forth certain conditions that were to be met before Moufawad's license could be reinstated, including applying for reinstatement and completing certain courses in ethics and patient boundaries. In addition, upon reinstatement, Moufawad would be subject to certain probationary terms for at least two years.

{¶ 26} Moufawad appealed the decision of the Board to the Cuyahoga County Common Pleas Court under R.C. 119.12(B)(2). He asserted that the Board's decision was not supported by reliable, probative, and substantial evidence and was not in accordance with the law.

{¶ 27} The parties filed their respective briefs and later presented their positions via oral argument. Moufawad argued that (1) the Board violated his due-process rights and its actions should have been barred by the doctrine of laches; (2) the Board's order was contrary to law because there was no evidence that he had exploited the licensee-patient relationship; and (3) the Board's decision was not supported by reliable, probative, and substantial evidence.

{¶ 28} The common pleas court entered an order affirming the decision of the Board and issued a written opinion, finding no merit to any of Moufawad's assignments of error. Moufawad then filed the instant appeal.

II. Law and Analysis

{¶ 29} Administrative appeals of an agency's decisions are governed by R.C. 119.12. The first appeal is to the common pleas court, which must uphold the decision of an administrative agency when, after considering the entire record, it determines the agency's decision is supported by "reliable, probative, and substantial evidence and is in accordance with the law." R.C. 119.12(N); *Pons v. Ohio State Med. Bd.*, 66 Ohio St.3d 619, 621 (1993); *Reed v. Dept. of Pub. Safety*, 2021-Ohio-4314, ¶ 10 (8th Dist.) (citing R.C. 119.12(M), now renumbered to R.C. 119.12(N)).

{¶ 30} This standard requires the "'common pleas court to conduct two inquiries: a hybrid factual/legal inquiry and a purely legal inquiry.'" *Reed* at ¶ 11, quoting *Bartchy v. State Bd. of Edn.*, 2008-Ohio-4826, ¶ 37. Under the factual and legal inquiry, the common pleas court is required to give deference to the

administrative agency's factual findings. *Id.*, citing *Univ. of Cincinnati v. Conrad*, 63 Ohio St.2d 108, 111 (1980). However, the Board's findings are not conclusive and the common pleas court may reverse, vacate, or modify an administrative order if it determines that "'"there exist legally significant reasons for discrediting certain evidence relied upon by the administrative body, and necessary to its determination . . . ."'" *Bartchy* at *id.*, quoting *Ohio Historical Soc. v. State Emp. Relations Bd.*, 66 Ohio St.3d 466, 470-471 (1993), quoting *Conrad* at 111. With respect to the administrative agency's legal conclusions, the common pleas court "'must construe the law on its own'" — in other words, conduct a de novo review — without deference to the Board's findings. *Bartchy* at ¶ 38, quoting *id.* at 471.

{¶ 31} An appellate court's review of the common pleas court's decision is even more limited. Appellate review of the court's evidentiary rulings is for an abuse of discretion. *McClendon v. Ohio Dept. of Edn.*, 2017-Ohio-187, ¶ 9 (8th Dist.), citing *Pons* at 621. An "abuse of discretion" occurs where "a court exercise[s] its judgment, in an unwarranted way, in regard to a matter over which it has discretionary authority." *Johnson v. Abdullah*, 2021-Ohio-3304, ¶ 35. As further explained by the Ohio Supreme Court:

> Stated differently, an abuse of discretion involves more than a difference in opinion: the "'term discretion itself involves the idea of choice, of an exercise of the will, of a determination made between competing considerations.'" *State v. Jenkins*, 15 Ohio St.3d 164, 222, 15 Ohio B. 311, 473 N.E.2d 264 (1984), quoting *Spalding v. Spalding*, 355 Mich. 382, 384, 94 N.W.2d 810 (1959). For a court of appeals to reach an abuse-of-discretion determination, the trial court's judgment must be so profoundly and wholly violative of fact and reason that "'it evidences not the exercise of will but perversity of will, not the exercise

> of judgment but defiance thereof, not the exercise of reason but rather of passion or bias.'" *Id.*, quoting *Spalding* at 384-385.

State v. Weaver, 2022-Ohio-4371, ¶ 24.

{¶ 32} However, this court reviews purely legal questions, e.g., the construction of a statute or constitutional provisions, under the de novo standard of review. *McClendon* at ¶ 9.

A. Due Process and Laches

{¶ 33} In his first assignment of error, Moufawad argues that the trial court erred in not finding that the Board's actions violated his constitutional right to due process. Moufawad asserts that the delay caused the unavailability of key witnesses that could have exculpated his actions, including the patient, who had passed away, and the Board investigator, who had retired from the Board. Moufawad further contends that the Board's actions should have been barred by the doctrine of laches because the Board reopened his case over ten years after it first became aware of the allegations.

{¶ 34} "R.C. Chapter 119 does not include any provision such as a statute of limitations that places a time limit on an agency's ability to begin the administrative adjudication process." *Morgan v. Liquor Control Comm.*, 2009-Ohio-3232, ¶ 12 (10th Dist.) However, "administrative agencies must give licensees a fair hearing and determination as expeditiously as possible under the circumstances . . . ." *Griffin v. State Med. Bd.,* 2009-Ohio-4849, ¶ 9 (10th Dist.), citing *Gourmet Beverage Ctr., Inc. v. Ohio Liquor Control Comm.*, 2002-Ohio-3338, ¶ 25 (10th

Dist.). ("[I]t is the duty of an administrative agency to hear matters pending before it without unreasonable delay and with due regard to the rights and interests of the litigants.").

{¶ 35} The common pleas court determined that Moufawad had not demonstrated that he suffered material prejudice from the delay. While the court recognized that witnesses were unavailable after ten years, the court found that this "did not affect the fact that Moufawad admitted and testified to the actions at issue." (Dec. 30, 2025 journal entry, p. 17.)

{¶ 36} Moufawad relies on *Mowery v. Ohio State Bd. of Pharm*acy, 1997 Ohio App. LEXIS 4414 (11th Dist. Sept. 30, 1997), where a pharmacist was notified that his license was in jeopardy five years after an investigation had been started. The *Mowery* Court noted that the Board did not provide any credible basis for the delay and found that the pharmacist's due-process rights had been violated. Moufawad argues that his position is even more compelling because the time lapse in *Mowery* was only five years while there was a ten-year delay in his case.

{¶ 37} "[W]hen evaluating a due-process argument within the context of an agency's delay in bringing formal accusations against a professional license holder . . . we focus our analysis on whether the licensee suffered any material prejudice as a result of the agency's delay." *Griffin*, 2009-Ohio-4849, at ¶ 9 (10th Dist.), citing *Smith v. State Med. Bd. of Ohio*, 2001 Ohio App. LEXIS 3229, *5 (10th Dist. July 19, 2001) ("[W]e find that appellant failed to demonstrate how he has been

materially prejudiced by the Board's delay, and that the trial court did not abuse its discretion by rejecting the affirmative defense of laches.").

{¶ 38} In its briefing, the Board offers no explanation for the over ten-year delay between the investigation and the proceedings.[4] At oral argument, the panel questioned counsel for the Board regarding the reason for the extraordinary delay in finally hearing the matter. Counsel offered no justification but maintained that it was appropriate and necessary for the matter to still be adjudicated because of "public interest." This explanation is disingenuous and defies logic. In the over ten years between the closing of the original investigation and the subsequent reopening, Moufawad continued to treat patients, all of whom were most likely unaware of the allegations against him and the fact that he had fully admitted to engaging in the behaviors alleged. The best way to serve the "public interest" would have been to address this matter in a timely fashion, which would have protected Moufawad's patients, along with any other prospective patients.

{¶ 39} While we are very troubled by such a lengthy delay, particularly one without any stated justification, we cannot find that Moufawad has demonstrated a violation of his due-process rights. The concern with delayed proceedings is that memories will fade and witnesses may disappear. It is true that The patient was unavailable to appear and testify at the 2023 hearing and that the board investigator

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[4] The delay was discussed during the November 2024 Board meeting, and several members acknowledged that the case was "older" but still remained important to adjudicate.

had retired; however, it was Moufawad's own testimony and admissions that provided the evidence to find that he engaged in sexual misconduct.[5] Moufawad has therefore not demonstrated any prejudice by the delay.

{¶ 40} In addition, the Ohio Supreme Court has addressed the application of laches, noting that "it is well settled that in the absence of a statute to the contrary, laches is generally no defense to a suit by the government to enforce a public right or protect a public interest." *Ohio State Bd. of Pharmacy v. Frantz*, 51 Ohio St.3d 143, 146 (1990). "[T]o impute laches onto the government would be to erroneously impede the government in the exercise of its duty to enforce the law and protect the public interest." *Sutton v. Ohio State Bd. of Pharmacy*, 2002 Ohio App. LEXIS 2051, *10 (11th Dist. Apr. 30, 2002), citing *Frantz* at *id.* Moufawad has not cited an applicable statute, and we find that laches does not apply.

{¶ 41} Moufawad's first assignment of error is overruled.

B. Statutory Interpretation

{¶ 42} In his second assignment of error, Moufawad argues that the trial court erred in affirming the Board's order, which was predicated on an erroneous interpretation of the applicable statutes. Specifically, Moufawad contends that the Board failed to specifically determine that his conduct with The patient had

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[5] It is unclear whether the investigator could have appeared and testified at the hearing. The Board argues that Moufawad had the opportunity to subpoena her but also notes that her testimony would have been limited pursuant to confidentiality rules under R.C. 4731.22(F)(5).

exploited the licensee-patient relationship and that the Board misinterpreted the definition of sexual misconduct with regard to his actions with The patient.

{¶ 43} The hearing examiner determined that Moufawad had violated Adm.Code 4731-26-02, which precludes a licensee from engaging in sexual misconduct with a patient.[6] The code provides the following pertinent definitions:

> (H) "Sexual misconduct" means conduct that exploits the licensee-patient relationship in a sexual way, whether verbal or physical, and may include the expression of thoughts, feelings, or gestures that are sexual or that reasonably may be construed by a patient as sexual. Sexual misconduct includes sexual impropriety, sexual contact, or sexual interaction as follows:
>
> (1) "Sexual impropriety" means conduct by the licensee that is seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to a patient, including but not limited to, the following:
>
> (a) Neglecting to employ disrobing or draping practices respecting the patient's privacy;
>
> . . .
>
> (g) Failing to offer the patient the opportunity to have a third person or chaperone in the examining room during an intimate examination and/or failing to provide a third person or chaperone in the examining room during an intimate examination upon the request of the patient.
>
> . . .
>
> (2) "Sexual contact" includes, but is not limited to, the following:
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> (a) Touching a breast or any body part that has sexual connotation for the licensee or patient, for any purpose other than appropriate health care services, or where the patient has refused or has withdrawn consent [ ]

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[6] A licensee means, inter alia, "[a]n individual holding a license to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery under Chapter 4731. [sic] of the Revised Code." Adm.Code 4731-26-01(A)(2).

> . . .
>
> (3) "Sexual interaction" means conduct between a licensee and patient, whether or not initiated by, consented to, or participated in by a patient, that is sexual or may be reasonably interpreted as sexual, including but not limited to, the following:
>
> . . .
>
> (g) Performing an intimate examination without clinical justification.

Adm.Code 4731-26-01(H).

{¶ 44} The Board argues that it is not required to make an express finding that Moufawad "exploited" the licensee-patient relationship, as that term is used in the definition of "sexual misconduct." And even if such a finding were required, there was ample evidence to support a finding of exploitation.

{¶ 45} The Tenth District addressed this issue in *Klickovich v. State Med. Bd. of Ohio*, 2025-Ohio-2783 (10th Dist.). The *Klickovich* Court analyzed the principles of statutory construction, noting that such principles also apply to administrative rules.

> Under the rules of statutory construction, the use of the word "means" in defining the term "sexual conduct" has the clear import that this is the exclusive meaning of the term. Indeed, the use of the word "means" in defining "sexual misconduct" results in the term and its definition being interchangeable equivalents. *Diller v. Diller*, 2021-Ohio-4252, ¶ 39, 182 N.E.3d 370 (3d Dist.). Put another way, there can be no finding of "sexual misconduct" in the absence of "conduct that exploits the licensee-patient relationship in a sexual way" because they are one [and] the same thing. Adm.Code 4731-26-01(H).

Id. at ¶ 26. Consequently, the *Klickovich* Court determined that "a finding of sexual misconduct necessarily includes a finding of exploitation." *Id.* at ¶ 28. While we

recognize that *Klickovich* is not binding upon us, we agree with the analysis of the Tenth District and find that the Board was not required to make a specific finding of "exploitation."

{¶ 46} We further find no error in the Board's interpretation of the rule defining sexual misconduct. As noted above, sexual misconduct includes sexual impropriety. And sexual impropriety includes failing to offer a chaperone or a gown to a patient. There is no dispute that Moufawad admitted to both of these actions. This alone was sufficient to establish sexual impropriety and, consequently, sexual misconduct by Moufawad.

{¶ 47} We cannot find that the common pleas court abused its discretion in finding that Moufawad engaged in sexual misconduct. The court was not required to make a separate finding regarding exploitation, and the second assignment of error is overruled.

C. Reliable, Probative, and Substantial Evidence

{¶ 48} Moufawad's final assignment of error asserts that the Board's decision was not supported by reliable, probative, and substantial evidence, in particular with regard to the Board's finding of lack of therapeutic justification and Moufawad's intent. He contends that the hearing examiner considered inadmissible and unreliable evidence in the form of The patient's affidavit. He further asserts that some of the hearing examiner's factual findings were not based upon evidence in the record.

{¶ 49} The trial court found as follows:

> Applying [the statutory standard found in R.C. 119.12] to the evidence in the record, as explained previously, the testimony of Dr. Moufawad is reliable, probative, and substantial. This case is unique due to the lack of a "he said, she said" situation. Rather, the most critical testimony throughout these proceedings came from Dr. Moufawad himself. This Court finds the testimony of Dr. Moufawad to be the main basis of the Board's decision and subsequent discipline of Dr. Moufawad. Additionally, the other evidence contained in the record does not mitigate the actions of Dr. Moufawad. The evidence and arguments of counsel certainly shed light on the circumstances and arguably show Dr. Moufawad did not have malicious intentions with his actions. However, the arguments are not sufficient to find the Board's Order and the [Report and Recommendation] to not be based on reliable, probative, and substantive evidence. This Court finds the Board relied heavily on the testimony and actions of Appellant and limited its findings of fact and conclusions in reliance on the actions Appellant himself admitted to. Dr. Moufawad did not appear to have predatory intentions, however, his actions still violated the Administrative Code in regard to sexual misconduct. This Court finds the Board's order was based on reliable, probative, and substantive evidence.

(Dec. 30, 2025 journal entry, p. 24-25.)

{¶ 50} Moufawad argues that the hearing examiner afforded more weight to The patient's affidavit than he had previously stated and that the hearing examiner made a factual finding that was not in the record. He also argues against the hearing examiner's finding that Moufawad was not credible when he said that he did not recall that the patient had previously exposed her breasts to him after she engaged in the same behavior in 2011.

{¶ 51} However, even if there had been a more favorable finding regarding Moufawad's credibility and the patient's affidavit had been entirely disregarded, it is not apparent that the outcome of the proceedings would have been different. Ultimately, it was Moufawad's own statements that provided all of the evidence

needed to find that he had engaged in sexual misconduct with the patient. And to the extent that Moufawad asks this court to evaluate the testimony below, he is inviting this court to go beyond the scope of our review. Even if the evidence would have led us to a different conclusion, "we are not permitted to substitute our judgment for that of the trial court, but instead are limited to finding whether or not the trial court abused its discretion in finding the medical board's order to be supported by reliable, probative and substantial evidence." *Politi v. State Med. Bd.*, 2007-Ohio-2240, ¶ 16 (10th Dist.).

{¶ 52} Based on the record before us, we cannot say that the common pleas court acted arbitrarily, unreasonably, or unconscionably or otherwise erred in affirming the Board's decision to indefinitely suspend Moufawad's license to practice medicine. The common pleas court's decision affirming the Board's order was detailed and well reasoned. As noted above, it is not our role to weigh the evidence or to substitute our judgment for that of the Board and/or the common pleas court. *Harrison v. Ohio Veterinary Med. Licensing Bd.*, 2009-Ohio-2856, ¶ 15 (10th Dist.), citing *Pons*, 66 Ohio St.3d at 621.

{¶ 53} Finally, Moufawad contends that he was given a harsher sanction because of the hearing examiner's erroneous findings regarding Moufawad's intent and the patient's vulnerability. It should be noted that the State sought permanent revocation of Moufawad's license, but he instead received an indefinite suspension of at least one year. "Chapter 4731 of the Revised Code vests the Board with broad authority to regulate the medical profession in Ohio, and to discipline physicians for

non-compliant conduct." *Klickovich*, 2025-Ohio-2783, at ¶ 18 (10th Dist.), citing *Griffin*, 2009-Ohio-4849 (10th Dist.). Under R.C. 4731.22(B)(6), the Board may discipline a licensee for his or her "departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established." Further, pursuant to R.C. 4731.22(B)(20), the Board may also discipline a licensee for violating any rule adopted by the Board. "With respect to the punishment selected by the State Medical Board, neither the common pleas court nor this court is free to substitute its judgment for that imposed by the State Medical Board if the punishment imposed is authorized by law." *Politi,* 2007-Ohio-2240, at ¶ 18 (10th Dist.), citing *Henry's Cafe, Inc. v. Bd. of Liquor Control*, 170 Ohio St. 233 (1959). Moufawad does not argue that the punishment was unauthorized by law; he is only arguing that the penalty imposed by the Board was too harsh. We make no finding regarding the severity of the indefinite suspension imposed. The third assignment of error is overruled.

{¶ 54} All of Moufawad's assignments of error having been overruled, the judgment of the trial court is affirmed.

It is ordered that appellee recover from appellant costs herein taxed.

The court finds there were reasonable grounds for this appeal.

It is ordered that a special mandate issue out of this court directing the common pleas court to carry this judgment into execution.

A certified copy of this entry shall constitute the mandate pursuant to Rule 27 of the Rules of Appellate Procedure.

EILEEN T. GALLAGHER, PRESIDING JUDGE

EMANUELLA D. GROVES, J., and
EILEEN A. GALLAGHER, J., CONCUR