



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Mark E. Mulholland, MD  
Master Case No.: M2024-199  
Document: Statement of Charges

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk's Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

Investigative, law enforcement, and crime victim information is exempt from public inspection and copying pursuant to RCW 42.56.240(1).

If you have any questions or need additional information regarding the information that was withheld, please contact:

Public Disclosure Office  
PO Box 47808  
Tumwater, WA 98504  
Phone: (360)-236-4836

You may appeal the decision to withhold any information by writing to the Public Records Officer, Department of Health, P.O. Box 47808, Tumwater, WA 98504.

**STATE OF WASHINGTON  
WASHINGTON MEDICAL COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**MARK E. MULHOLLAND, MD**  
License No. MD.MD.00038090

Respondent.

**No. M2024-199**

**STATEMENT OF CHARGES**

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in Commission file numbers 2023-13674, 2023-16150, 2024-12627, and 2024-13715. The patients referred to in this Statement of Charges are identified in the attached Confidential Schedule.

**1. ALLEGED FACTS**

1.1 On November 12, 1999, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board certified in obstetrics and gynecology.

1.2 Respondent has exhibited a pattern of conduct and lack of appropriate boundaries toward patients while employed at a women's medical clinic that falls below the standard of care. Respondent has made inappropriate comments about patients' physical appearances, including body shaming patients who were overweight and making implied sexual comments about patients' vaginas. During a bedside ultrasound, Respondent pulled a patient's pants down himself without asking for permission and did not drape the patient.

1.3 Respondent has also made inappropriate comments toward female staff, such as commenting on their weight, asking them to show him their breasts or inquiring about whether they planned to cheat on their husband.

1.4 Respondent's behaviors toward patients and staff have often been rationalized, normalized, and minimized, resulting in patient and staff complaints being dismissed and not taken seriously.

### Patient A

1.5 On December 5, 2022, Patient A appointed with Respondent for a hysterectomy consultation. Patient A previously underwent sterilization surgery in February 2022 and developed post-endometrial ablation syndrome characterized by pain, cramping, and bleeding with menstruation.

1.6 During this appointment, Respondent questioned Patient A about pain with intercourse, which Patient A denied, and posed specific questions about pain with vaginal penetration in a manner which made Patient A uncomfortable. Respondent then performed a pelvic examination on Patient A and again posed questions about pain with penetration during the pelvic examination despite Patient A's report that the pain was associated only with menstruation. Respondent further made comments about Patient A's body unrelated to a medical purpose, including comments about the appearance and characteristics of the patient's vagina.

### Patient B

1.7 On November 27, 2023, Patient B appointed with Respondent for a hysterectomy consultation due to bleeding and abdominal pain. During the pelvic examination, Respondent used his hands to position Patient B on the examination table rather than instructing the patient to reposition herself. This included Respondent placing his hands near the patient's buttocks to move Patient B's body and touching Patient B's leg after the examination.

1.8 After the examination was complete, Respondent discussed scheduling for a hysterectomy and made comments about Patient B's body unrelated to a legitimate medical purpose, including that he was eager to see the patient's vagina and was looking forward to being reunited with her womb.

### Patient C

1.9 On or about August 7, 2024, Patient C appointed with Respondent for contraceptive implant removal and complaints of abnormal vaginal odor, abdominal pain, and pain with sexual intercourse. Upon entering the room, Respondent embarrassed Patient C by loudly stating he heard her vagina had an unpleasant odor.

1.10 During the pelvic examination, Respondent told Patient C that her vagina did not smell bad and obtained a sample. Respondent then commented about Patient C's husband's performance during sexual intercourse unrelated to a legitimate medical

purpose when noting that Patient C's vagina was very dry. Respondent also asked about Patient C's masturbation practices in a way that made Patient C uncomfortable and unrelated to a legitimate medical purpose.

1.11 After the examination was complete, Respondent rubbed Patient C's shoulder and further commented on Patient C's sexual activity unrelated to a legitimate medical purpose.

## 2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(1), (4), (7), (23) and WAC 246-919-640(1)(a), (d), which provide:

**RCW 18.130.180 Unprofessional conduct.** Except as provided by RCW 18.130.450, the following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

...

(23) Abuse of a client or patient or sexual contact with a client or patient;

...

**WAC 246-919-640 Abuse.**

(1) A physician commits unprofessional conduct if the physician abuses a patient. A physician abuses a patient when he or she:

(a) Makes statements regarding the patient's body, appearance, sexual history, or sexual orientation that have no legitimate medical or therapeutic purpose;

...

(d) Engages in any conduct, whether verbal or physical, which unreasonably demeans, humiliates, embarrasses, threatens, or harms a patient.

...

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.


**3. NOTICE TO RESPONDENT**

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: April 29, 2025.

STATE OF WASHINGTON  
WASHINGTON MEDICAL COMMISSION

  
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KYLE KARINEN  
EXECUTIVE DIRECTOR

  
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TRACY L. BAHM, WSBA # 22950  
SENIOR COUNSEL

## CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named below. RCW 42.56.240(1)

Patient A

Patient B

Patient C:

