

**These charges are only allegations which  
may be contested by the licensee in an  
Administrative hearing.**

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER  
OF  
THOMAS C. MATHEW, M.D.

NOTICE  
OF  
HEARING

TO: THOMAS C. MATHEW, M.D.  


PLEASE TAKE NOTICE:

A hearing will be held pursuant to the provisions of N.Y. Pub. Health Law §230 and N.Y. State Admin. Proc. Act §§301-307 and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on May 24, 2017, at 10:00 a.m., at the Offices of the New York State Department of Health, Riverview Center, 150 Broadway, Suite 510, Menands (Albany), NY 12204-2719<sup>1</sup>, and at such other adjourned dates, times and places as the committee may direct.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. You shall appear in person at the hearing and may be represented by counsel who shall be an attorney admitted to practice in New York state. You have the right to produce witnesses and evidence on your behalf, to issue or have subpoenas issued on your behalf in order to

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<sup>1</sup> For GPS purposes, enter "Menands", not "Albany".

require the production of witnesses and documents, and you may cross-examine witnesses and examine evidence produced against you. A summary of the Department of Health Hearing Rules is enclosed.

YOU ARE HEREBY ADVISED THAT THE ATTACHED CHARGES WILL BE MADE PUBLIC FIVE BUSINESS DAYS AFTER THEY ARE SERVED.

Department attorney: Initial here\_ 

The hearing will proceed whether or not you appear at the hearing. Please note that requests for adjournments must be made in writing and by telephone to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Riverview Center, 150 Broadway - Suite 510, Albany, NY 12204-2719, ATTENTION: HON. JAMES HORAN, DIRECTOR, BUREAU OF ADJUDICATION, (henceforth "Bureau of Adjudication"), (Telephone: (518-402-0748), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date. Adjournment requests are not routinely granted as scheduled dates are considered dates certain. Claims of court engagement will require detailed Affidavits of Actual Engagement. Claims of illness will require medical documentation.

Pursuant to the provisions of N.Y. Pub. Health Law §230(10)(c), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose

name appears below. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of N.Y. State Admin. Proc. Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and in the event any of the charges are sustained, a determination of the penalty to be imposed or appropriate action to be taken. Such determination may be reviewed by the Administrative Review Board for Professional Medical Conduct.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION  
THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW  
YORK STATE BE REVOKED OR SUSPENDED, AND/OR  
THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS  
SET OUT IN NEW YORK PUBLIC HEALTH LAW §§230-a.  
YOU ARE URGED TO OBTAIN AN ATTORNEY TO  
REPRESENT YOU IN THIS MATTER.

DATE April 21, 2017

Albany, New York

  
MICHAEL A. HISER  
Deputy Counsel  
Bureau of Professional Medical Conduct

Inquiries should be directed to:

Lee A. Davis, Associate Counsel  
Bureau of Professional Medical Conduct  
2512 Corning Tower  
Empire State Plaza  
Albany, New York 12237-0032  
(518) 473-4282

IN THE MATTER

OF

THOMAS C. MATHEW, M.D.

STATEMENT

OF

CHARGES

THOMAS C. MATHEW, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 24, 1997, by the issuance of license number 208431 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. Respondent provided medical care to Patient A (Patients are identified in Appendix A, attached), a forty-five-year-old man when treated by Respondent at Central New York Cardiology, 2211 Genesee Street, Utica, New York on or about July 25, 2014 when Patient A presented with a recent history of chest pain at rest, chest pain with exercise, dyspnea on exertion, shortness of breath, an abnormal EKG, and an office echocardiogram demonstrating severe left ventricular dysfunction. Respondent's medical care of Patient A deviated from accepted standards of care as follows:

1. Respondent failed to adequately assess and/or document his assessment of Patient A's medical condition, given Patient A's medical history, complaints, symptoms and severe left ventricular dysfunction.
2. Respondent failed to timely rule out and/or document his timely ruling out Acute Coronary Syndrome (ACS) as a differential diagnosis, given Patient A's medical history, complaints, symptoms and severe left ventricular dysfunction.

3. Respondent failed to timely refer and/or document his timely referral of Patient A to a hospital emergency department, given Patient A's medical history, complaints, symptoms and severe left ventricular dysfunction.
4. Respondent failed to maintain a record that accurately reflects the evaluation and treatment of Patient A.

B. Respondent provided medical care to Patient B, a forty-two-year-old man when treated by Respondent at Faxton-St. Luke's Healthcare in Utica, New York on or about November 15, 26 and December 15, 2011. Respondent's medical care of Patient B deviated from accepted standards of care as follows:

1. Respondent failed to adequately assess and/or document his assessment of Patient B on November 15, 2011 after Patient B's admission to Faxton-St. Luke's in light of a history of end stage renal disease, coronary artery disease and hypertension, and a presentation of chest pain, shortness of breath, an abnormal EKG and rising troponin levels.
2. Respondent failed to adequately rule out and/or document his ruling out ACS as a differential diagnosis on November 15, 2011 based upon Patient B's history of end stage renal disease, coronary artery disease and hypertension, and a presentation of chest pain, shortness of breath, an abnormal EKG and rising troponin levels.
3. Respondent failed to adequately assess and/or document his assessment of Patient B on November 26, 2011 after Patient B's admission to Faxton-St. Luke's in light of a history of end stage renal disease, coronary artery disease and hypertension and a presentation of chest pain without physical exertion, heart palpitations, dizziness, persistent hypertension, an abnormal EKG and rising troponin levels.
4. Respondent failed to adequately rule out and/or document his ruling out ACS as a differential diagnosis on November 26, 2011 based upon Patient B's history of end stage renal disease, coronary artery disease and hypertension, and a

- presentation of chest pain without physical exertion, heart palpitations, dizziness, persistent hypertension, an abnormal EKG and rising troponin levels.
5. Respondent failed to maintain a record that accurately reflects the evaluation and treatment of Patient B.

**SPECIFICATION OF CHARGES**  
**FIRST THROUGH SECOND SPECIFICATIONS**

**GROSS NEGLIGENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

1. A and A.1, A and A.2, and/or A and A.3.
2. B and B.1, B and B.2, B and B.3, and/or B and B.4.

**THIRD SPECIFICATION**

**NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

3. Paragraphs A and A.1, A and A.2, A and A.3, B and B.1, B and B.2, B and B.3, and/or B and B.4.



**FOURTH SPECIFICATION**

**FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, as alleged in the facts of:

4. A and A.1, A and A.2, A and A.3, A and A.4, B and B.1, B and B.2, B and B.3, B and B.4, and/or B and B.5.

DATE: April 24, 2017  
Albany, New York



MICHAEL A. HISER  
Deputy Counsel  
Bureau of Professional Medical Conduct