

**IN THE MATTER**

**OF**

**DMITRY ANATOLEVICH SHELCHKOV, M.D.**

**COMMISSIONER'S  
ORDER AND  
NOTICE OF  
HEARING**

TO: Dmitry Anatolevich Shelchkov, M.D.  


The undersigned, Howard A. Zucker, M.D., J.D., Commissioner of Health, after an investigation, and upon the recommendation of a Committee on Professional Medical Conduct of the State Board for Professional Medical Conduct, has determined that DMITRY ANATOLEVICH SHELCHKOV, M.D. (henceforth: "Respondent"), New York license number 253970, is engaging in or maintaining a condition or activity which constitutes an imminent danger to the health of the people, and that it is therefore prejudicial to the interests of the people to delay action until the opportunity for a hearing can be provided.

It is therefore:

ORDERED, pursuant to N.Y. Pub. Health Law §230(12)(a), that effective immediately, Respondent shall not practice medicine in the State of New York. This Order shall remain in effect unless modified or vacated by the Commissioner of Health pursuant to N.Y. Pub. Health Law §230(12)(a).

PLEASE TAKE NOTICE that 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 March 12, 2021 at 10:00 a.m. The hearing may be conducted by video conference or at the offices of the New York State Health Department, and at such other

adjourned dates, times and places as the committee may direct. The Respondent may file an answer to the Statement of Charges with the below-named attorney for the Department of Health.

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. The Respondent shall appear in person at the hearing and may be represented by counsel. The Respondent has the right to produce witnesses and evidence on his behalf, to issue or have subpoenas issued on his behalf for the production of witnesses and documents and to cross-examine witnesses and examine evidence produced against him. A summary of the Department of Health Hearing Rules is enclosed. 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.

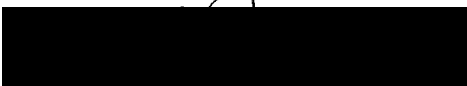
The hearing will proceed whether or not the Respondent appears at the hearing. Scheduled hearing dates are considered dates certain and, therefore, adjournment requests are not routinely granted. Requests for adjournments must be made in writing to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Riverview Center 150 Broadway - Suite 510, Albany, NY 12204-2719., ATTENTION: HON. JAMES HORAN, DIRECTOR, BUREAU OF ADJUDICATION, and by 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. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation.


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 or sanction 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 FORTH IN NEW YORK PUBLIC HEALTH LAW §230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York

March 2, 2021

  
Howard A. Zucker, M.D., J.D.  
Commissioner of Health  
New York State Health Department

Inquiries should be directed to:  
Daniel Guenzburger  
Associate Counsel  
Bureau of Professional Medical Conduct  
90 Church Street-4<sup>th</sup> Floor  
New York, New York 10007  
212-417-4450  


**IN THE MATTER**  
  
**OF**  
  
**DMITRY ANATOLEVICH SHELCHKOV, M.D.**

STATEMENT  
  
OF  
  
CHARGES

DMITRY ANATOLEVICH SHELCHKOV, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 9, 2009 by the issuance of license number 253970 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. Respondent is an anesthesiologist formerly employed at the Woodhull Medical Center, Brooklyn, NY. ("Woodhull") On or about July 2, 2020 the Respondent administered epidural anesthesia to Patient A, a 26-year-old female who had been admitted to Woodhull for induction of labor. The Respondent notes that on or about 21:36 he easily passed the catheter to a level of 10 cm. (from the skin) and the patient "tolerated the procedure well". Respondent further noted that he administered a test dose of lidocaine and epinephrine at 21:37 and that a minute later that he administered 100 mcg. of fentanyl via the epidural catheter and then 100 mcg. of fentanyl into the epidural infusion bag. The Patient reported difficulty breathing and was unresponsive and pulseless by 21:39. Patient A's baby was delivered by C-section at 21:45. Over the course of the next several hours the Patient sustained several cardiac arrests and expired at 23:51.

1. Respondent deviated from medically accepted standards in that he:
  - a. Improperly inserted the epidural catheter.

- b. Failed to wait an adequate period between the administration of the epidural test dose and administering further anesthetic medication.
2. Respondent failed to maintain an adequate record that accurately reflected his evaluation and treatment, including but not limited to noting anesthetic agents administered following the epidural test dose.
3. Respondent failed to appropriately administer bag-valve-mask ventilation/oxygen supplementation following the Patient's report of difficulty breathing.
4. Respondent knowingly and falsely represented that he inserted the epidural catheter to a depth of 10 cm., when, in fact, he knew that he had inserted the catheter far greater than 10 cm. Respondent intended to deceive.
5. Respondent concealed with the intent to deceive that he administered additional anesthetic medication to the patient following administration of the test dose. Respondent falsely reported to the Office of Professional Medical Conduct at an interview conducted on December 23, 2020 that he did not administer additional anesthetic agents after administering the epidural test dose.

B. On or about May 24, 2020 the Respondent administered general endotracheal anesthesia to Patient B, a 62-year-old female who underwent an open reduction internal fixation procedure ("ORIF") for a fractured right tibia. Patient B was at high risk for post-operative general anesthesia complications due a combination of factors, including a history of sleep apnea, COPD, obesity, smoking, and home oxygen dependence. Patient B could not be extubated at the conclusion of the surgical procedure due to oxygen desaturation. She remained intubated in the post-anesthesia care unit ("PACU") for two-and one-half hours. Respondent deviated from medically accepted standards in that he:

1. Failed to discuss and/or note having discussed with the Patient the relative risks of general anesthesia versus neuraxial anesthesia.

2. Failed to note a plan to address the Patient's high-risk of complications from general anesthesia.
3. Prematurely discharged the Patient from the PACU thirty minutes after she had been extubated.
4. Failed to document instructions for managing the patient following discharge from the PACU, including failing to note the need to have the patient transported to the hospital floor with monitoring, oxygen supplementation and accompanied during transit by an appropriately qualified health care practitioner. The Patient arrived on the hospital floor obtunded and in respiratory distress.

C. On or about May 22, 2020 Respondent administered epidural anesthesia to Patient C, a 31-year-old female who been admitted to Woodhull for induction of labor. Respondent recorded a negative test dose at 03:53. Within minutes of administering the test dose, the Patient reported numbness, shortness of breath and shortly thereafter became unresponsive. Respondent intubated the Patient at 04:03 and the Patient was then transferred to the operating room ("OR") for a C-section under general endotracheal anesthesia. Respondent deviated from medically accepted standards in that he:

1. Failed to administer anesthetic agents during the C-section to assure unconsciousness, amnesia and pain relief.
2. Failed to record vital signs in the anesthesia record for the first 25 minutes of the C-section, from 04:10 - 04:35.

D. On or about April 21, 2020, the Respondent administered general anesthesia to Patient D, a 47-year old male who underwent an exploratory laparotomy for a stab wound to the abdomen. The Patient remained in the OR following surgery because the PACU was being used for COVID 19 patients. The Respondent extubated Patient D and discontinued physiologic monitoring at 18:14. At 18:36 the patient went into

cardio/respiratory arrest. Respondent deviated from medically accepted standards in that he:

1. Failed to record vital signs and other medically significant events between 18:14 until 21:13.
2. Failed to adequately record medications administered between 18:14 to 21:13.
3. Failed to remain physically present in the OR following extubation of the Patient and/or failed to ensure that an appropriately qualified/credentialed health care practitioner was monitoring the patient during periods when Respondent was not physically present in the OR following extubation of the Patient.

### **SPECIFICATION OF CHARGES**

#### **FIRST SPECIFICATION**

#### **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. Paragraphs A, A1, A1(a), A1(b), A3, B, B3, C, C1 and/or D and D3.

#### **SECOND SPECIFICATION**

#### **GROSS INCOMPETENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

2. Paragraphs A, A1, A1(a), A1(b), A3, B, B3, C, C1 and/or D and D3.

### **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, A1, A1(a), A1(b) A2, A3, B, B1, B2, B3, B4, C, C1, C2, D, D1, D2 and/or D3.

### **FOURTH SPECIFICATION**

#### **INCOMPETENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:



4. Paragraphs A, A1, A1(a), A1(b) A2, A3, B, B1, B2, B3, B4, C, C1, C2, D, D1, D2 and/or D3.

**FIFTH and SIXTH SPECIFICATIONS**

**FRAUDULENT PRACTICE**

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

5. A and A4.
6. A and A5.

**SEVENTH SPECIFICATION**

**FALSE REPORT**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(21) by willfully making or filing a false report, or failing to file a report required by law or by the department of health or the education department, as alleged in the facts of:

7. A and A4.

**EIGHTH 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:

8. Paragraphs A, A2, B, B, B1, B2, B4, C, C2, D, D1 and/or D2.

DATE: February 25, 2021  
New York, New York

  
Henry Weintraub  
Chief Counsel  
Bureau of Professional Medical Conduct