



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

June 30, 2021

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Henry Weintraub, Esq.  
Daniel Guenzburger, Esq.  
NYS Department of Health  
90 Church Street, 4<sup>th</sup> Floor  
New York, New York 10007

Norman Spencer, Esq.  
Norman Spencer Law Group, P.C.  
111 Broadway  
Suite 901  
New York, New York 10006

**RE: In the Matter of Andre Jocelyn Duhamel, M.D.**

Dear Parties:

Enclosed please find the Determination and Order (No. 21-135) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine together with the registration certificate. Delivery shall be by either certified mail or in person to:

Office of Professional Medical Conduct  
New York State Department of Health  
Office of Professional Medical Conduct  
Riverview Center  
150 Broadway - Suite 355  
Albany, New York 12204

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2015) and §230-c subdivisions 1 through 5, (McKinney Supp. 2015), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays penalties other than suspension or revocation until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.


The notice of review served on the Administrative Review Board should be forwarded to:

Jean T. Carney, Administrative Law Judge  
New York State Department of Health  
Bureau of Adjudication  
Riverview Center  
150 Broadway – Suite 510  
Albany, New York 12204

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Ms. Carney at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,



James F. Horan  
Chief Administrative Law Judge  
Bureau of Adjudication

JFH: nm  
Enclosure

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

COPY

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IN THE MATTER :  
OF :  
ANDRE JOCELYN DUHAMEL, M.D. :  
: DETERMINATION  
: AND  
: ORDER  
: BPMC-21-135  
: :  
: :

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On March 4, 2021, the New York State Department of Health, Bureau of Professional Medical Conduct (Department) duly served Andre Jocelyn Duhamel, M.D. (Respondent) with a March 2, 2021 Commissioner’s Order and Notice of Hearing, and a Statement of Charges dated February 25, 2021, pursuant to Public Health Law (PHL) § 230(10)(d)(i). (Exhibit 1 and Appendix I.) By summary action pursuant to PHL § 230(12)(a)(ii), the Respondent was ordered not to practice medicine because he is engaging in or maintaining a condition or activity which constitutes an imminent danger to the health of the people. The Respondent waived his rights with respect to the summary action under PHL § 230(12)(a) and agreed to maintain the suspension of his licensure until a determination is rendered in this hearing. (T 14-15.)

A hearing was held on March 31<sup>1</sup> and May 17, 2021 via WebEx videoconference. Pursuant to PHL § 230(10)(e), **GAIL S. HOMICK HERRLING**, Chairperson, **JAMES G. EGNATCHIK, M.D.**, and **WILLIAM P. DILLON, M.D.**, duly designated members of the State Board for Professional Medical Conduct, served as the hearing committee in this matter. **NATALIE J. BORDEAUX, ADMINISTRATIVE LAW JUDGE**, served as the administrative officer.

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<sup>1</sup> The Notice of Hearing advised the Respondent that the hearing would be held on Saturday, March 13, 2021. That date was subsequently changed on agreement to March 31.

The Department appeared by Daniel Guenzburger, Associate Counsel. The Respondent appeared by Norman Spencer, Esq. The Hearing Committee received and examined documents from the Department (Exhibits 1, 1a, 2-13.) At the hearing, the Department presented as witnesses Richard Kassner M.D., Christina Sanchez, and Scott Hirsch, M.D. The Respondent presented Joseph Roosevelt Clerisme, M.D. as his sole witness. A transcript of the hearing was made (pp. 1-198.) The record closed on May 17, 2021, and deliberations occurred that same day.

The Hearing Committee votes 3-0 to sustain the charges that the Respondent committed professional misconduct under Education Law § 6530(8) by having a psychiatric condition which impairs his ability to practice and Education Law § 6530(29) by violating any term of probation or condition or limitation imposed pursuant to PHL § 230, and to revoke the Respondent's medical license.

### **FINDINGS OF FACT<sup>2</sup>**

1. The Respondent, Andre Jocelyn Duhamel, M.D., was authorized to practice medicine in the State of New York on or about May 12, 1993, by the issuance of license number 192191. (Dept. Exhibit 1.)

### **RESPONDENT'S PSYCHIATRIC CONDITION**

2. On October 4, 2016, the Respondent visited the emergency department at Mercy Medical Center after falling down the stairs in his home prompted concerns that he may have lost consciousness. A CT brain scan taken during his visit reported multiple old lacunar infarcts. (Dept. Exhibit 3.)

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<sup>2</sup> All findings in this section are by the Hearing Committee's unanimous vote.

3. On or about August 13, 2019, the Respondent appeared as the defendant in a nonpayment eviction proceeding. The presiding housing court judge ordered a psychiatric evaluation for the Respondent to assess his eligibility for Adult Protective Services administered by the New York City Human Resources Administration (HRA). (Dept. Exhibit 7.)

4. On August 23, 2019, the Respondent was taken to the emergency department at Long Island Jewish Valley Stream Hospital (LIJ Valley Stream) with chief complaints of dizziness for two days, left side weakness, and numbness to fingers and toes on the left side of his body. Images of his brain reflected a right paracentral pontine infarct and chronic ischemic changes throughout the basal ganglia thalami and white matter of both hemispheres and in the brainstem. The attending neurologist reported that the Respondent's brain tissue was insufficiently oxygenated, an event consistent with a stroke. (Dept. Exhibit 4; T 84.)

5. On September 17, 2019, the Respondent was evaluated by Dr. Richard Kassner, an HRA psychiatrist, based upon the housing court referral. Dr. Kassner observed that the Respondent "demonstrate[d] obvious cognitive impairments", such as impaired concentration and attention, and poor impulse control. He assigned the Respondent [REDACTED] [REDACTED] (Dept. Exhibit 7.)

6. On November 23, 2019, the Respondent was re-admitted to LIJ Valley Stream for an acute stroke in the right corona radiata and posterior right globus pallidus. He was transferred to Mercy Medical Center for acute rehabilitation. From there, he was transferred to Queens Neurology Rehabilitation and remained there until he was discharged to his home on March 17, 2020. (Exhibits 4 and 12.)

7. On February 20, 2021, the Respondent was evaluated by J. Roosevelt Clerisme, M.D., a board-certified psychiatrist. Dr. Clerisme evaluated the Respondent using the Montreal

Cognitive Assessment (MOCA) and concluded that the Respondent did not have a mental illness. (Exhibit 12.)

8. The MOCA is used to diagnose Alzheimer's-related dementia. It is not the appropriate method for evaluating dementia cases that are not related to Alzheimer's disease, nor is it the appropriate method for evaluating for other psychiatric problems. (T 94.)

9. On March 1, 2021, the Respondent underwent Magnetic Resonance Imaging (MRI) of the brain without contrast which showed overall brain shrinkage. (Exhibit 13; T 98.)

10. The infarcts in the Respondent's brain, along with his manifest loss of inhibition and poor impulse control are consistent with a neurological diagnosis [REDACTED]. (T 99, 105.)

#### **RESPONDENT'S TERMS OF PROBATION**

11. By Consent Order No. 16-030 dated January 26, 2016 to resolve pending professional misconduct charges, the Respondent agreed to the following penalties under PHL § 230-a and conditions:

- Probation for a period of 36 months.
- The Respondent was required to maintain a monthly log of any controlled substances ordered, prescribed, administered and/or dispensed by the Respondent or by another health care practitioner acting under the Respondent's supervision or direction, and submit this log to the Department by the first day of the following month. The log was required to identify: (1) the name of the prescribed drug; (2) the drug dosage; (3) the patient's name; (4) the patient's diagnosis; (5) the prescription date; and (6) any other information required by the Department.

The Respondent was required to provide the Department with the records of any patient referenced in the Respondent's log when requested.

- The Respondent was required to provide the Department with a full description of his employment and practice, and to notify the Department of any changes within 30 days.
- Within 30 days of the Consent Order's effective date, the Respondent was also required to propose a practice monitor (a licensed physician who is board-certified in an appropriate specialty) deemed suitable by the Department.

Thereafter, for the duration of the Consent Order, the Respondent was required to practice medicine only under the supervision of the Department-approved practice monitor.

(Exhibit 2.)

12. On or about August 10, 2017 through October 27, 2017, the Respondent practiced medicine without a practice monitor and issued at least 63 prescriptions for controlled substances. He also failed to notify the Department of his employment and medical practice.

(Exhibits 6 and 8.; T 129)

13. The Respondent failed to provide the Department with a controlled substance log for the period August 14, 2017 through October 27, 2017. (Exhibits 5, 6, and 8; T 118.)

14. From November 14, 2018 through January 2, 2019, the Respondent practiced medicine without a Department-approved practice monitor as an employee at Clear Choice Medical, P.C. assigned to Riverdale Nursing Home. He also failed to notify the Department of his employment and medical practice. (T 129.)

15. The Respondent failed to submit a controlled substance log for the period November 14, 2018 through January 2, 2019 to the Department in accordance with the requirements set forth in the Consent Order. (T 126-27.)

16. In response to a Department investigator's request, the Respondent provided a controlled substances log maintained by Riverdale Nursing Home. That log contained incomplete information about the Respondent's prescriptions of controlled substances, as several prescriptions written by the Respondent for controlled substances were not shown on the log. Of the prescriptions listed, patients' diagnoses and prescribed medication dosages were not included. (Exhibits 8 and 10; T 127-28.)

### **FACTUAL ALLEGATIONS**

The Hearing Committee made the following determinations on the factual allegations in the Statement of Charges. All votes were unanimous (3-0):

Sustained: Factual allegations A.1, B.1., B.2, B.3.

### **DISCUSSION**

The Department presented 14 exhibits (1, 1a, 2-13) and three witnesses: (1) Richard Kassner M.D., a psychiatrist employed by HRA's Customized Assistance Program; (2) Christina Sanchez, an investigator at the Department; and (3) Scott Hirsch, M.D., Attending Psychiatrist and Neurologist at NYU-Langone Medical Center, and Clinical Associate Professor, Department of Neurology, Department of Psychiatry and Department of Child and Adolescent Psychiatry at NYU Langone Health. The Respondent presented psychiatrist Joseph Roosevelt Clerisme, M.D. as his sole witness.

The Department recommended revocation of the Respondent's medical license, based upon the Respondent's mental condition which the Department contends is no longer reversible



and which impairs his ability to practice medicine, and the Respondent's demonstrated inability to avail himself of medical treatment and improve aspects of his lifestyle which might have prevented further deterioration. The Respondent seeks a lesser penalty in the form of a suspension, mainly because he contends that his condition may still improve. (T 190-91.) For the reasons set forth below, the Committee agreed with the Department's recommendation.

*Testimony of Dr. Richard Kassner*

Dr. Kassner was assigned to perform the Respondent's psychiatric evaluation after the Respondent was referred to HRA's Adult Protective Services (APS) by the housing court judge presiding in the Respondent's nonpayment eviction proceeding in August 2019. In the weeks between that referral and Dr. Kassner's visit to the Respondent's home on September 17, 2019, the Respondent had suffered a stroke. (Exhibits 4 and 7.)

Upon reviewing the Respondent's hospital records at the hearing, Dr. Kassner noted that the chronic ischemic changes observed in a CT scan of the Respondent's brain throughout the basal ganglia, thalami, and white matter of both hemispheres and brain stem could cause problems with the Respondent's personality, cognition, and functional abilities. He explained that chronic ischemic changes in the basal ganglia thalami<sup>3</sup> can manifest as "increased agitation or activity," while chronic ischemic changes in white matter may affect the frontal lobe, an area of the brain which impacts personality and inhibition. (T 31-35, 49-50.)

During his September 2019 meeting with the Respondent, Dr. Kassner observed that the Respondent exhibited "obvious cognitive impairments." With cognitive testing, Dr. Kassner concluded that the Respondent's limitations were consistent [REDACTED]. For example, when

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<sup>3</sup> Incorrectly referenced in multiple pages of the March 31 transcript as "thiamine."

asked to draw a clock, the Respondent drew the numbers 6 and 12 only, while placing an x on the drawing for all other numbers. (Exhibit 7; T 44.)

Dr. Kassner had also concluded that the Respondent had emotional or personality impairments. (T 47.) He observed that the Respondent was easily agitated, suddenly spoke very quickly in a rambling, hard-to-follow fashion, and was easily distracted. (T 36.) Dr. Kassner noted that aspects of the Respondent's home signaled self-neglect, including the placement of an artificial Christmas tree in his living room in the month of September. (Exhibit 7.)

During the evaluation, Dr. Kassner suggested that the Respondent seek follow-up care to mitigate the effects of his recent stroke, including physical therapy, cardiology, and neurology; and medication to minimize the risk of future strokes. (T 47, 63.) However, the Respondent was dismissive of Dr. Kassner's concerns, explaining that he treated himself. (Exhibit 7; T 36-39.) Dr. Kassner concluded that the Respondent's judgment was impaired, as he lacked an overall awareness of his limitations and severity of his problems. (T 40, 48.)

*Testimony of Dr. Scott Hirsch*

Dr. Scott Hirsch, a clinical associate professor at NYU Langone Health and NYU Grossman School of Medicine, is board-certified in neurology, psychiatry, and neuropsychiatry/behavioral neurology. He regularly reviews geriatric psychiatry issues as part of his practice. (T 70-71; Dept. Exhibit 11.)

Dr. Hirsch was retained by the Department to review the Respondent's hospital records, MRI report, and his APS evaluation to determine whether the Respondent has a medical or psychiatric impairment. (T 72.) Dr. Hirsch concurred with Dr. Kassner's assessment of the Respondent's psychiatric condition. (T 85-86.) Dr. Hirsch concluded that the Respondent has a

major [REDACTED] which renders him unfit to practice medicine. (T 99, 105.)

When asked to opine on the findings from the Respondent's October 5, 2016 CT brain scan, Dr. Hirsch explained that the radiology finding of multiple, old lacunar infarcts signifies small areas of brain damage which, for the Respondent, were located in the thalami, the basal ganglia, and the corona radiata. Dr. Hirsch testified that infarcts in those areas of the brain would negatively affect motor coordination and cognitive functions. (T 74-75.) Upon reviewing the Respondent's elevated blood pressure readings during his October 2016 emergency evaluation, Dr. Hirsch stated that uncontrolled hypertension causes infarction in both micro and macro vascular regions of the brain. While microvascular changes are "silent," uncontrolled hypertension will ultimately cause macro, or large, vessel strokes with sudden symptoms. (T 76-77.)

The Respondent's hypertension was also discussed in hospital notes concerning the Respondent's August 23, 2019 visit to the LIJ Valley Stream emergency department. In reviewing those records, Dr. Hirsch observed that the Respondent failed to take his hypertension medication for five days prior to the onset of stroke-related symptoms he reported on August 23, 2019. Emergency department staff also reported that the Respondent was a smoker for approximately 50 years. (Dept. Exhibit 4.) Dr. Hirsch testified that smoking for 5 decades creates a "significant risk" of strokes. (T 82.)

Like Dr. Kassner, Dr. Hirsch opined that the Respondent's failure to follow up with a neurologist and seek other treatments to mitigate the risks of larger or more severe strokes shows that the Respondent lacks insight as to the severity of his condition. (T 83-84, 90-91.) Dr. Hirsch noted that the Respondent's November 23, 2019 emergency admission revealed that the

Respondent's condition worsened since his August 2019 admission. After two cerebrovascular accidents several months apart, Dr. Hirsch explained that the Respondent would experience a quicker decline in cognitive functioning and behavioral control, as well as increasing motor deficits. (T 87.) Consistent with this explanation, Dr. Hirsch testified that the March 1, 2021 MRI of the Respondent's brain showed actual brain shrinkage. (T 98.)

Dr. Hirsch disagreed with Dr. Clerisme's February 20, 2021 prepared report, which concluded that the Respondent did not have a mental illness, citing the Respondent's medical history, radiology reports, and behavioral issues as the rationale for his differing opinion. He explained that the MOCA test, employed by Dr. Clerisme to render his determination, is used to evaluate people with Alzheimer's-related dementia and imposes an artificial limitation on the Respondent's psychiatric evaluation, neither disproving nor eliminating the possibility of a psychiatric impairment. (T 106.) Dr. Hirsch stated that the Respondent should have been evaluated by a neurologist and subjected to a variety of cognitive tests because of the Respondent's brain scan results. (T 94-95.)

During a brief recess on the first hearing day, the Respondent repositioned his webcam to focus on the lower portion of his body and then exposed his genitals to the hearing attendees. (T 57-58.) Dr. Hirsch viewed the Respondent's exposure of his genitals during the hearing as evidence of disinhibition, a loss of impulse control caused by brain damage that interferes with the transmittal of messages from one part of the brain to the other. (T 92.) Dr. Hirsch concluded that the Respondent's noncompliance with the prior Consent Order was also consistent with a mental impairment due to chronic vascular disease and showed overall functional decline. (T 88.)

The Hearing Committee was persuaded by the helpful and detailed explanations provided by both Dr. Kassner and Dr. Hirsch in understanding the cognitive and psychiatric limitations posed by the Respondent's medical history. They found these experts' professional opinions credible and consistent, as both had testified that the Respondent's disinhibition was a symptom of the location of the brain infarcts. Although Dr. Hirsch did not evaluate the Respondent himself, his testimony was extremely detailed and clearly reflected an in-depth review of the Respondent's medical history.

*Testimony of Dr. Joseph Roosevelt Clerisme*

Psychiatrist Dr. Clerisme evaluated the Respondent on February 20, 2021. Much of his testimony was consistent with his earlier report (Exhibit 12), regarding the Respondent's mental status. In response to Dr. Hirsch's criticism of his testing methods, Dr. Clerisme insisted that his use of the MOCA test to ascertain the presence of dementia was appropriate. He opined that the small infarctions in the Respondent's brain can improve with physical therapy and mental exercises. (T 164-67, 173-74, 178.) Yet, he conceded that no such improvements were possible without a patient availing himself of such therapy. (T 168.)

The Hearing Committee found Dr. Clerisme to be unfamiliar with his own report, thus diminishing the credibility of his statements. Dr. Clerisme's opinion contradicted that of Dr. Hirsch because Dr. Clerisme claimed that the Respondent's failure to comply with the Consent Order was a matter of the Respondent's judgment rather than cognition. (T 169-75.) Furthermore, unlike the other experts, Dr. Clerisme offered no information specific to the Respondent's case. Yet, when provided specific information regarding the Respondent's behavior on the first hearing day, Dr. Clerisme acknowledged that the Respondent's exposure was possibly caused by disinhibition and vascular dementia. (T 177, 184-85.)

### CONCLUSION

The record clearly shows that the Respondent's condition is deteriorating. While the Hearing Committee is sympathetic to the Respondent's desire to continue practicing medicine in some capacity, the Respondent failed to avail himself of any possible avenues for improvement or at least maintenance of his condition after his 2019 strokes. Instead, the Respondent's most recent MRI shows that his brain is shrinking.

Given his behavior at the hearing, which manifested after Dr. Kassner already explained that the areas of the Respondent's brain affected by the stroke impacted his inhibition, the Hearing Committee deems it irresponsible to allow the Respondent to continue practicing medicine. The Respondent's [REDACTED] as shown by his uninhibited behavior and lack of insight regarding his own limitations, renders him unfit to continue practicing medicine. A suspension, even with the imposition of additional conditions prior to the Respondent's resumption of practice, is inadequate to ensure that the Respondent's psychiatric condition would improve such that, with the passage of additional time and continued decline in cognitive function, his comportment and ability to adhere to any probationary conditions would be adequate. The Hearing Committee thus concludes that revocation of the Respondent's medical license is the only appropriate penalty.

### ORDER

#### **IT IS HEREBY ORDERED THAT:**

1. The first and second specifications of professional misconduct set forth in the Statement of Charges are **SUSTAINED**.
2. The Respondent's license to practice medicine in the State of New York is **REVOKED** pursuant to PHL § 230-a(4).

Andre Jocelyn Duhamel, M.D.

3. This Determination and Order shall be effective upon service of the Respondent in accordance with PHL § 230(10)(h).

DATED: June 28, 2021  
Auburn, New York

  
**GAIL S. HOMICK HERRLING, Chair**  
**JAMES G. EGNATCHIK, M.D.**  
**WILLIAM P. DILLON, M.D.**

To: Daniel Guenzburger, Esq.  
Associate Counsel  
New York State Department of Health  
Bureau of Professional Medical Conduct  
90 Church Street, 4<sup>th</sup> Floor  
New York, New York 10007

Norman Spencer, Esq.  
Norman Spencer Law Group, P.C.  
111 Broadway  
Suite 901  
New York, New York 10006

## **APPENDIX I**



**IN THE MATTER**  
**OF**  
**ANDRE JOCELYN DUHAMEL, M.D.**

COMMISSIONER'S  
ORDER AND  
NOTICE OF  
HEARING

TO: ANDRE JOCELYN DUHAMEL, 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 ANDRE JOCELYN DUHAMEL, M.D. (henceforth: "Respondent"), New York license number 192191, 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 13, 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.

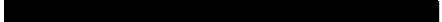
THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET FORTH IN NEW YORK PUBLIC HEALTH LAW §230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

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  
ANDRE JOCELYN DUHAMEL, M.D.

STATEMENT  
OF  
CHARGES

ANDRE JOCELYN DUHAMEL, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 12, 1993 by the issuance of license number 192191 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. On or about August 23, 2019, Respondent, a psychiatrist, was admitted for a stroke at Long Island Jewish Valley Stream, Northwell Hospital. Respondent was diagnosed with an acute right paracentral infarction of the pons with chronic ischemic changes throughout the basal ganglia, thalami, and the white matter of both hemispheres and brain stem. On or about September 17, 2019 the Respondent underwent psychiatric evaluation by Richard Kassner, M.D. Dr. Kassner concluded that Respondent suffered from "cognitive impairments and emotional/personality impairments due to a history of multi-infarct cardiovascular disease." On November 23, 2019 Respondent was re-admitted to Long Island Jewish Valley Stream Northwell Hospital for an acute stroke of the right corona radiate and right posterior palidus.

1. Respondent has a psychiatric condition which impairs his ability to practice medicine.

B. On or about and between January 20, 2016 and the present, Respondent has been subject to terms and conditions imposed by Board of Professional Medical Conduct Order (BPMC #16-030) ("Board Order"). Respondent violated the conditions and probation terms of the Board Order by:

1. Practicing medicine without a "Practice Monitor" approved by the Office of Professional Medical Conduct ("OPMC") on or about and between August 14, 2017 (during which period Respondent issued 63 prescriptions of controlled substances) and on or about and between November 2018 and January 2019 when Respondent practiced medicine at the Riverdale Nursing Home, Bronx, New York.
2. Failing to provide the OPMC with current information about his employment/medical practice, including failing to notify OPMC, in writing, fourteen days in advance of his resuming the active practice of medicine at the Riverdale Nursing Home, Bronx, New York
3. Failing to maintain a log of all his ordering, prescribing, administering and/or dispensing of controlled substances in a format acceptable to the OPMC.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**HAVING A**

**PSYCHIATRIC CONDITION WHICH IMPAIRS**

**THE ABILITY TO PRACTICE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(8) by having a psychiatric condition which impairs the licensee's ability to practice as alleged in the facts of the following:

1. Paragraphs A and A1.

**SECOND SPECIFICATION**

**VIOLATING ANY TERM OF PROBATION OR CONDITION OR LIMITATION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(29) by violating any term of probation or condition or limitation imposed on the licensee pursuant to section two hundred thirty of the public health law, as alleged in the facts of the following:

2. Paragraphs B, B1, B2, and/or B/3.

DATE: February 25, 2021  
New York, New York

  
Henry Weintraub  
Chief Counsel  
Bureau of Professional Medical Conduct