

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234

OFFICE OF PROFESSIONAL DISCIPLINE
ONE PARK AVENUE, NEW YORK, NEW YORK 10016-5802

February 21, 1992

Molly J. Hall, Physician 6496 Prairie Creek Court Huber Heights, Ohio 45424

Re: License No. 134746

Dear Dr. Hall:

Enclosed please find Commissioner's Order No. 12460. This Order goes into effect five (5) days after the date of this letter.

If the penalty imposed by the Order in your case is a revocation or a surrender of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter. Your penalty goes into effect five (5) days after the date of this letter even if you fail to meet the time requirement of delivering your license and registration to this Department. In the event you are also served with this Order by personal service, the effective date of the Order is the date of personal service.

If the penalty imposed by the Order in your case is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after one year has elapsed from the effective date of the Order and the penalty; but said application is not granted automatically.

Very truly yours,

DANIEL J. KELLEHER Director of Investigations

By:

GUSTAVE MARTINE Supervisor

DHJ/GM/er

**CERTIFIED MAIL - RRR** 

cc: Richard Eisenberg, Esq. 307 E. Shore Road Great Neck, New York 11023



# The University of the State of New York

IN THE MATTER

OF

MOLLY J. HALL (Physician)

DUPLICATE
ORIGINAL
VOTE AND ORDER
NO. 12460

Upon the report of the Regents Review Committee, a copy of which is made a part hereof, the record herein, under Calendar No. 12460, and in accordance with the provisions of Title VIII of the Education Law, it was

<u>VOTED</u> (February 21, 1992): That, in the matter of MOLLY J. HALL, respondent, the recommendation of the Regents Review Committee be accepted as follows:

- 1. The findings of fact and conclusions of the hearing committee and the recommendation of the Health Commissioner's designee as to those findings of fact and conclusions are accepted;
- 2. The following additional finding of fact, referable to the issue of respondent's guilt, is accepted based upon respondent's admitted guilt to the seventeenth specification:
  - (1) Respondent committed all of the conduct referred to in allegations A1, A2, A4, B1, B2, C1, and D1, all of such conduct being incorporated in this finding of fact and as constituting a departure from good acceptable standards of medical care having been committed on more than one occasion.
- 3. The following additional conclusions, referable to the

issue of respondent's guilt, are accepted based upon respondent's admitted guilt to the seventeenth specification:

Respondent is guilty, by a preponderance of the evidence, of the seventeenth specification to the extent of allegations A1, A2, A4, B1, B2, C1, and D1.

- 4. By a preponderance of the evidence, respondent is quilty of the seventeenth specification to the extent indicated the aforesaid additional finding of fact conclusions for negligence on more than one occasion involving respondent prescribing a medication treating with another medication which were not indicated, failing to discontinue a medication, and causing marked blood pressure fluctuations which respondent failed to recognize or correct (Patient A), prescribing a combination of medications which were contraindicated and prescribing a medication in a dosage which was excessively high and not indicated (Patient B); prescribing a medication which was not indicated (Patient C); and issuing prescriptions without indication, excessive amounts over a prolonged period of time which unnecessarily risked addiction or habituation by the patient (Patient D).
- 5. The measure of discipline recommended by the hearing committee and by the Health Commissioner's designee is modified, and respondent's license to practice as a physician in the State of New York is suspended for one year upon the seventeenth specification of the charges of which respondent has been found guilty, as aforesaid, and that execution of said suspension is stayed;

and that the Deputy Commissioner for the Professions be empowered to execute, for and on behalf of the Board of Regents, all orders

necessary to carry out the terms of this vote;

#### and it is

ORDERED: That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof are hereby adopted and SO ORDERED, and it is further

**ORDERED** that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

WITNESS WHEREOF, I, Henry A. Fernandez, Deputy Commissioner for the Professions of the State of New York, for and on behalf of the State Education Department and the Board of Regents, do hereunto set my hand, at the City of Albany, this 21st day of February 1992.

DEPUTY COMMISSIONER FOR THE PROFESSIONS

## ORDER OF THE DEPUTY COMMISSIONER FOR THE PROFESSIONS OF THE STATE OF NEW YORK

MOLLY J. HALL

CALENDAR NO. 12460



# The University of the State of New York,

IN THE MATTER

of the

Disciplinary Proceeding

against

MOLLY J. HALL

No. 12460

who is currently licensed to practice as a physician in the State of New York.

#### REPORT OF THE REGENTS REVIEW COMMITTEE

On June 17, 1991, a hearing was held before a hearing committee of the State Board for Professional Medical Conduct. A copy of the statement of charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

By an agreement between counsel for petitioner and counsel for respondent, respondent admitted guilt to the seventeenth specification charging negligence on more than one occasion to the extent of the allegations hereafter indicated, petitioner agreed to withdraw all other charges in this proceeding, and both parties agreed that the testimony would be limited to the question of the appropriate discipline to be imposed. The hearing proceeded in accordance with this agreement. Both parties explained to us that respondent does not challenge the conclusion that she is guilty to the extent of her admissions.

The seventeenth specification, upon which respondent has

admitted guilt, to the extent of allegations A1 through A4, B1 through B3, C1 through C2, and D1, alleges negligence on more than one occasion involving respondent prescribing a medication and treating with another medication which were not indicated, failing to discontinue a medication, prescribing medications haphazardly, without indication and/or in inappropriate combinations, and causing marked blood pressure fluctuations which respondent failed to recognize or correct (Patient A); prescribing a combination of medications which were contraindicated, prescribing a medication in a dosage which was excessively high and not indicated, and prescribing medications haphazardly, without indication and/or for insufficient trial periods (Patient B); prescribing a medication which was not indicated and prescribing medications haphazardly, without indication and/or for insufficient trial periods (Patient C); and issuing prescriptions without indication, in excessive amounts over a prolonged period of time which unnecessarily risked addiction or habituation by the patient (Patient D).

The hearing committee rendered a report of its findings, conclusions, and recommendation, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "B". Its findings of fact and conclusions related only to the issue of the sanction to be imposed. The hearing committee concluded that respondent has clearly overcome her situational problem, stabilized her family life, undergone a period of professional probation, and "had and is having an outstanding professional career"; and recommended that,

in light of respondent's "exemplary professional record to date, and receipt of outstanding commendations," respondent's license to practice be suspended for one year retroactive to August 9, 1990, but that execution thereof be stayed during that period subject to the terms of probation set forth in the hearing committee report.

The Commissioner of Health, by designee, recommended to the Board of Regents that the findings and conclusions of the hearing committee be accepted in full, and the recommendation of the hearing committee be accepted except that, for purposes of clarity and appropriate notice, he recommends that respondent be suspended for one year, that such suspension be stayed provided that respondent adhere to standard terms of probation, and the suspension run from the effective date of the final order. A copy of the recommendation of the designee, is annexed hereto, made a part hereof, and marked as Exhibit "C".

On November 4, 1991, Richard Eisenberg, Esq., presented oral argument on behalf of respondent who was not present in person. Terrence Sheehan, Esq., presented oral argument on behalf of the Department of Health.

We have considered the record in this matter transferred by the Department of Health and the October 18, 1991 letter from respondent's attorney.

Petitioner's written recommendation as to the measure of discipline to be imposed, should respondent be found guilty, was one year suspension stayed and one year of probation. Before us,

petitioner stated that a retroactive suspension or a retroactive probation would be meaningless and would not be what the designee of the Commissioner of Health seeks.

Respondent's written recommendation was adopt the hearing committee's recommendation including the one year retroactive probation.

The parties have charted their own course for proceeding in this matter. Petitioner did not present any testimony in reliance on respondent's admissions. Except for one specification, the seventeenth specification relating to Patients A, B, C, and D, as aforesaid, respondent obtained the benefit of the withdrawal of 14 specifications relating to Patients E, F, G, and H and 12 specifications relating to Patients A, B, C, and D. Our findings and conclusions as to respondent's guilt are based upon and supported by respondent's admitted guilt, in the aforesaid agreement of both counsel independent of the unaccepted prior Consent Order, alluded to by the hearing committee and petitioner, which we disregard.

The hearing committee considered its function to be the assessment of the sanction to be recommended. We do not agree with this limitation of function. In our view, under Education Law §6510-a(2), the Board of Regents, after considering the findings, conclusions and penalty recommendation of the hearing committee and the recommendation of the Commissioner of Health (designee), decides the issue of guilt before imposing the appropriate penalty

in regard to such guilt. Our recommendation is in furtherance of these functions.

Allegations A3, B3, and C2 charge respondent with prescribing medications haphazardly, without indication and/or in other certain specified manners. While charges may be alleged in the alternative, the decision as to the specific charges of which respondent is found guilty, should be capable of being ascertained. In this matter, there is neither proof nor an admission as to which part or parts of these three allegations are to be sustained. Petitioner has thus failed in regard to these three allegations to meet its burden of proving that particular conduct by respondent constitutes professional misconduct.

With respect to the penalty to be imposed, we accept the findings and conclusions of the hearing committee as to the various circumstances present for mitigating the penalty. The hearing committee did not intend any actual probation be served by respondent, especially considering the professional probation she has already undergone. In our unanimous opinion, no period of probation is warranted considering all the circumstances, including respondent's last act of misconduct being committed over five and one half years ago and respondent's achievements since that time.

We note that respondent misapprehends the law governing the question of penalty. A suspension may be stayed with or without probation. Education Law §6511. However, contrary to the recommendation of the designee of the Commissioner of Health, which

recommended different probation terms than recommended by the hearing committee, a conditional stay with probation is unworkable and not appropriate. Furthermore, the designee has not provided clear notice as to the period of probation he recommends be imposed upon respondent.

We unanimously recommend the following to the Board of Regents:

- The findings of fact and conclusions of the hearing committee and the recommendation of the Health Commissioner's designee as to those findings of fact and conclusions be accepted;
- 2. The following additional finding of fact, referable to the issue of respondent's guilt, be accepted based upon respondent's admitted guilt to the seventeenth specification:
  - (1) Respondent committed all of the conduct referred to in allegations A1, A2, A4, B1, B2, C1, and D1, all of such conduct being deemed incorporated in this finding of fact and as constituting a departure from good and acceptable standards of medical care having been committed on more than one occasion.
- 3. The following additional conclusions, referable to the issue of respondent's guilt, be accepted based upon respondent's admitted guilt to the seventeenth

specification:

Respondent is guilty, by a preponderance of the evidence, of the seventeenth specification to the extent of allegations A1, A2, A4, B1, B2, C1, and D1.

- By a preponderance of the evidence, respondent is guilty 4. of the seventeenth specification to the extent indicated finding of the aforesaid additional fact conclusions for negligence on more than one occasion involving respondent prescribing a medication and treating with another medication which were not indicated, failing to discontinue a medication, and causing marked blood pressure fluctuations which respondent failed to recognize or correct (Patient A), prescribing a combination of medications which were contraindicated and prescribing a medication in a dosage which was excessively high and not indicated (Patient B); prescribing a medication which was not indicated (Patient C); and issuing prescriptions without indication, in excessive amounts over a prolonged period of time which unnecessarily risked addiction or habituation by the patient (Patient D).
- 5. The measure of discipline recommended by the hearing committee and by the Health Commissioner's designee be modified, and respondent's license to practice as a

physician in the State of New York be suspended for one year upon the seventeenth specification of the charges of which respondent has been found guilty, as aforesaid, and that execution of said suspension be stayed.

Respectfully submitted,

WALTER COOPER

NANCY A. RUCKER

ARTHUR WACHTEL

Chairperson

Dated: February 4, 1992

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

REPORT OF THE

IN THE MATTER

HEARING

OF

COMMITTEE

MOLLY J. HALL, M.D.

TO: Lorna McBarnett, Executive Deputy Commissioner New York State Department of Health

The undersigned Hearing Committee (the Committee) consisted of Mrs. Jane McConnell. Chairperson.

Robert Bernstein, M.D., and Pasqaule A. Carone, M.D. The Committee was duly designated, constituted and appointment by the State Board for Professional Medical Conduct (the Board).

The Administrative Officer was Harry Shechtman, Administrative Law Judge.

The hearing was conducted pursuant to the provisions of New York Public Health Law §230 and N.Y. State Administrative Procedure Act §§301-307 to receive evidence concerning the charges that the Respondent has violated provisions of New York Education Law §6509. Witnesses were sworn or affirmed and examined. A stenographic record of the hearing was made. Exhibits were received in evidence and made part of the record.

The Committee has considered the entire record herein and makes this Report of its Findings of Eact, Conclusions and Recommendations to the New York State Commissioner of Health.

#### STATEMENT OF THE CASE

The Statement of Charges enumerates 25 Specifications based upon the treatment of 8 patients. The Respondent has admitted all of the facts alleged in the Factual Allegations enumerated as follows: A-1 through A-4, B-1 through B-3; C-1 and C-2; and D-1 in so far as they apply to the Seventeenth Specification which charges the Respondent with practicing with negligence on more than one occasion. The Department had withdrawn all other Specifications and had consented to such a plea as well as to an application for a consent decree which was entered into. (Ex. A) The consent decree provided for a three year suspension of Respondent's license to practice medicine, to be stayed from execution for a period of three years pursuant to certain terms of probation. The Regents of the Education Department would not grant the application unless there was an active suspension for a period of 90 days and the entry by Dr. Hall into a drug education program. The Respondent has refused modification of her application.

The Committee's function herein is the sanction to be recommended.

#### RECORD OF PROCEEDINGS

Statement of Charges dated;

July 24, 1990

Respondent admits proper service

(T7)

Place of Hearing

New York State Dept. of Health

5 Penn Plaza

New York, New York

Answer by Respondent

None

Bureau of Professional Conduct

appeared by:

Terrance Sheehan, Esq.

Associate Counsel

Respondent appeared by:

Armon & Eisenberg, Esq.

by Richard Eisenberg, Esq.

of Counsel

Pre-Hearing conference:

None necessary

Hearing date:
Hearing closed

June 17, 1991 June 17, 1991

Deliberations held:

July 10, 1991

Petitioner called no witnesses. Respondent testified on her own behalf.

#### FINDINGS OF FACT

The Respondent having admitted guilt as to some of the allegations and the Petitioner, Department of Health, having withdrawn all other allegations no findings are herein made with regard to the allegations that have been admitted.

Findings of fact are herewith made with regard to the character and competence of Dr. Hall, and her professional performance to date, as they may relate to any sanctions that may be imposed.

In furtherance of the above, the Committee finds that Dr. Hall was undergoing extreme stress as a result of her husband's illness and disability, together with her responsibility for the care of three young children. (T. 24-27)

After leaving Huntington Hospital and having a fourth child, Dr. Hall was successfully recruited to run a psychiatric training program in Dayton, Ohio and actually entered active service in the U.S. Air Force in March 1987. (T. 35, 36; Ex. 3) She started there as a staff psychiatrist and within two months became chief of outpatient treatment (T. 36; Ex. E)

Then after having served a probationary period of 12 months she was granted full privileges in April of 1988. This probationary period involved scrutiny, peer review chart review

and a special credential status especially in view of her problems at Huntington Hospital. (T. 37-38)

The committee is impressed by the contents of Exhibit E., a statement by Col. Brien W. Dyer, U.S.A.F. addressed to Commissioner Axelrod, which is set forth here at length:

- "1. Dr. Hall arrived at the United States Air Force Medical Center Wright-Patterson in March 1987. She was assigned duties as a staff psychiatrist and was also awarded full faculty status with the Wright State University School of Medicine, Department of Psychiatry at that time. She was promoted to Chief of Outpatient Mental Health in January 1988, a large, multidisciplinary outpatient clinic with over 1500 patient contacts per month. In July 1988, she was appointed to her current position of Director of Training for the military part of the Integrated Psychiatric Residency Training Program.
- During this entire period she has performed in an absolutely outstanding manner, caring for some of our most difficult inpatients and outpatients, without difficulties of any sort, either personally or professionally. In addition to full clinical duties, she continually supervises psychiatry residents, psychology residents and medical students while concurrently managing numerous administrative aspects of the department's activities. She has, during this period, received two outstanding faculty awards (1988, 1990), served as National Board Examiner (1989, 1990) and has had four papers accepted for publication. Her superb clinical and interpersonal skills combine to make her a most valuable member of this department. Without exaggeration, of the 133 members of this department, Dr. Hall is at the top of my list of key personnel.'

In addition Dr. Hall was awarded the Meritorious Service Medal (Ex. C). The citation accompanying the award reads as follows:

"Major Molly J. Hall distinguished herself in the performance of outstanding service to the United States as Director, Psychiatry Residency Training Program, United States Air Force Medical Center Wright-Patterson, Wright-Patterson Air Force Base, Ohio, from 10 April 1987 to 10 April 1991. During this period Major Hall restructured the training program to provide the highest quality teaching, supervision, and provider productivity through her outstanding combination of management skills and Her efforts have attracted the clinical competence. highest quality physicians into the Air Force Health Professions and enhanced the cooperation between the medical center and the integrated Wright State University military/civilian training programs. has published several professional articles, received national and university level teaching awards, and has served as a National Board Examiner for three consecutive years, such talents providing the keystone for attracting and graduating psychiatry and psychology residents of the highest caliber. singularly distinctive accomplishments of Major Hall reflect great credit upon herself and the United States Air Force."

Dr. Hall has received the annual the distinguished faculty award from the American Psychiatric Association.

(T. 41) Ex. D.

Dr. Hall has been member for the past 3 years of Robert Michael's National Board Examining Team, which is the examining team for the psychiatric neurology boards. She is a distinguished graduate of the Aerospace Medical Program at Brooks Air Force Base, a two-month training program in air flight, aerospace medicine which physiologically qualifies her

to be a member of an air crew. She is also qualified as a class 2 pilot (T. 42-43)

#### CONCLUSIONS

The Committee was unanimous in arriving at the foregoing conclusions.

The Committee took into consideration the fact that there was no evidence of any harm done to the four patients involved herein. The Committee studied the Respondent very carefully as she testified and found her to be not only very credible but entirely open and candid with regard to her previous problem.

It is clear that Dr. Hall has overcome her situational problem, has stabilized her family life, has undergone a period of professional probation, and has had and is having an outstanding professional career.

Her period of probation must have of necessity entailed drug education "as well as competent treatment of psychiatric patients. Certainly the course she taught must have encompassed "drug education".

#### RECOMMENDATION

The Committee unanimously recommends that in light of Dr. Halls exemplary professional record to date, and receipt of outstanding commendations, that she be suspended from practice for a period of one year retroactively from August 9, 1990, but that execution thereof be stayed during that period subject to the terms of probation as set forth in Exhibit A herein.

Dated: New York, New York August , 1991

> Jane McConnell Chairperson

Robert Bernstein, M.D. Pasquale A. Carone, M.D.

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

IN THE MATTER

COMMISSIONER'S

RECOMMENDATION

OF

MOLLY J. HALL, M.D.

TO: Board of Regents
New York State Education Department
State Education Building
Albany, New York

A hearing in the above-entitled proceeding was held on June 17, 1991. Respondent, Molly J. Hall, M.D. appeared by Richard Eisenberg, Esq. The evidence in support of the charges against the Respondent was presented by Terrance Sheehan, Esq.

NOW, on reading and filing the transcript of the hearing, the exhibits and other evidence, and the findings, conclusions and recommendation of the Committee,

I hereby make the following recommendation to the Board of Regents:

- A. The Findings of Fact and Conclusions of the Committee should be accepted in full;
- B. The Recommendation of the Committee should be accepted except that, for purposes of clarity and appropriate notice to Respondent, I would recommend that she be suspended from practice for one year and that such suspension be stayed provided that Respondent adhere to the standard terms of probation. The suspension would run from the effective date of the Commissioner of Education's Order.
- C. The Board of Regents should issue an order adopting and incorporating the Findings of Fact and Conclusions and further adopting as its determination the Recommendation described above.

The entire record of the within proceeding is transmitted with this Recommendation.

Alfred Seekhorn

DATED: Albany, New York September 9, 1991

## REPORT OF THE REGENTS REVIEW COMMITTEE

MOLLY J. HALL

CALENDAR NO. 12460

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

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IN THE MATTER

STATEMENT

OF

OF

MOLLY J. HALL, M.D.

CHARGES

MOLLY J. HALL, M.D., the Respondent, was authorized to practice medicine in New York State by the issuance of license number 134746 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1989 to December 31, 1991 from USAF Medical Center, Wright-Patterson, Air Force Base, W-P/SGHA, Ohio 45433-5300.

#### FACTUAL ALLEGATIONS

A. Between on or about April 11, 1986 and on or about June 18, 1986 Patient A was hospitalized for mental illness at Huntington Hospital, 270 Park Avenue, Huntington, New York, where she was treated by Respondent.

- Respondent initially treated this patient's depression by prescribing Parnate which was not indicated.
- 2. Respondent prescribed Trilafon to Patient A. According to Respondent the Trilafon caused akathisia. Respondent treated the akathisia with Inderal which was not indicated. Respondent also failed to discontinue the Trilafon.
- 3. During the patient's hospitalization, Respondent prescribed Tofranil, Parnate, Trilafon, Xanax, Inderol, Restoril, Asendin, Valium, Vistaril and Benadryl. These medications were prescribed haphazardly, without indication and/or in inappropriate combinations.
- 4. Patient A experienced marked blood pressure fluctuations during her hospitalization at Huntington Hospital. These fluctuations were caused by the unsystematic prescription of

medications by Respondent. Respondent failed to recognize or correct this problem.

- 5. The chart maintained by Respondent for Patient A contains inadequate or erroneous information concerning the patient's personal, family and mental illness histories, treatment plans, diagnoses, progress notes, rationales for therapy and discharge summary.
- B. Between on or about March 7, 1986 and on or about May 12, 1986 Patient B was hospitalized for mental illness at Huntington Hospital where she was treated by Respondent.
  - Respondent prescribed to Patient B Parnate (a MAOI) and Elavil. This combination of medications is contraindicated.
  - 2. Respondent prescribed to Patient B Xanax in a dose of 8 mgs. Such a dose is excessively high and not indicated.

- 3. During the patient's hospitalization,
  Respondent prescribed Parnate, Elavil,
  Restoril, Valium, Xanax, Trilafon, Sinequan,
  Vistaril, Asendin, Norpramin, Haldol and
  Motrin. These medications were prescribed
  haphazardly, without indication and/or for
  insufficient trial periods.
- 4. The chart maintained by Respondent for Patient B contains inadequate or erroneous information concerning the patient's personal, family and mental illness histories, treatment plans, diagnoses, progress notes, rationales for therapy and discharge summary.
- C. Between on or about December 21, 1984 and on or about January 11, 1985 Respondent treated Patient C for mental illness at Huntington Hospital where she was treated by Respondent.
  - This patient suffered from a schizophrenic disorder. Respondent prescribed Nardil, which is not indicated for such a patient.

- 2. During the patient's hospitalization, Respondent prescribed Nardil, Trilafon, Motrin, Thorazine, Compazine and Haldol. These medications were prescribed haphazardly, without indication and/or for insufficient trial periods.
- 3. The chart maintained by Respondent for Patient C contains inadequate or erroneous information concerning the patient's personal, family and mental illness histories, treatment plan, diagnoses, progress notes, rationales for therapy and discharge summary.
- D. Between on or about November 6, 1984 and on or about March 31, 1986 Respondent treated Patient D for mental illness at Respondent's private office in Northport, New York.
  - During this period Respondent issued over 70 prescriptions to Patient D for Nodular, Xanax, Valium, Restoril, Darvocet N-100 and Dalmane. These prescriptions were issued without indication, and in excessive amounts over a

prolonged period of time which unnecessarily risked addiction or habituation by the patient.

- E. Between on or about November 1, 1985 and on or about December 3, 1985, Patient E was at Huntington Hospital where she was treated by Respondent.
  - Respondent prescribed to this patient Parnate and Norpramin. This combination of medications is contraindicated.
  - 2. During her hospitalization Patient E became agitated and confused and had an abnormal EEG. Respondent failed to address or explore the possibility that this was caused by the Parnate/Norpramin therapy.
  - 3. During the patient's hospitalization, Respondent prescribed Parnate, Restoril, Xanax, Inderal, Norpramin, Haldol, Cogentin and Merital. These medications were prescribed

haphazardly, without indication and/or for insufficient trial periods.

- 4. The chart maintained by Respondent for Patient E contains inadequate or erroneous information concerning the patient's personal, family and mental illness histories, treatment plans, diagnoses, progress notes, rationales for therapy and discharge summary.
- F. Between on or about January 1, 1986 and on or about January 31, 1986 Patient F was hospitalized for mental illness at Huntington Hospital where she was treated by Respondent.
  - Respondent diagnosed Patient F as suffering from porphyrinuria. This diagnosis was incorrect.
  - 2. During the patient's hospital stay, Respondent prescribed Parnate, Inderal, Restoril, Xanax, Dalmane, Benadryl, Trilafon, Vistaril, Haldol Thorazine, Tylenol with Codeine and Motrin.

These medications were prescribed haphazardly, without indication and/or insufficient trial periods.

- 3. The medications listed in paragraph 2 would not be indicated if Patient F did have porphyrinuria.
- 4. Respondent's prescription of the medications listed in paragraph 2 caused Patient F to experience numerous periods of low blood pressure.
- 5. The chart maintained by Respondent for Patient
  F contains inadequate or erroneous information
  concerning the patient's personal, family and
  mental illness histories, treatment plans,
  diagnoses, progress notes, rationales for
  therapy and discharge summary.
- G. Between on or about May 6, 1986 and on or about May 14, 1986
  Respondent treated Patient G at Huntington Hospital.

- Respondent diagnosed Patient G as having "organic hallucinosis". This diagnosis was incorrect.
- 2. During the patient's hospital stay, Respondent prescribed Tegretal, Restoril, Valium, Xanax, Cogentin, Artane, Vistaril, Merital, Thorazine and Haldol. These medications were prescribed haphazardly, without indication and/or for insufficient trial periods.
- 3. The chart maintained by Respondent for Patient G contains inadequate or erroneous patient's information concerning the personal, family and mental illness histories, treatment plans, diagnoses, progress notes, rationales for therapy and discharge summary.
- H. Between on or about September 20, 1985 and on or about September 30, 1985 Respondent treated Patient H for mental illness at Huntington Hospital.

- Patient H was actively suicidal. For this reason Respondent's order for Parnate was not indicated.
- Despite this patient's suicidal condition,
   Respondent went on vacation without obtaining
   adequate coverage.
- 3. The chart maintained by Respondent for Patient
  H contains inadequate or erroneous information
  concerning the patient's histories, treatment
  plans, diagnoses, progress notes, rationales
  for therapy and discharges summary.

#### SPECIFICATIONS OF CHARGES

# FIRST THROUGH EIGHTH SPECIFICATIONS PRACTICING WITH GROSS NEGLIGENCE

Respondent is charged with practicing with gross negligence under N.Y. Educ. Law Section 6509(2)(McKinney 1985), in that Petitioner charges:

1. The facts in paragraphs A and A.1-A.4.

- 2. The facts in paragraphs B and B.1-B.3.
- 3. The facts in paragraphs C and C.1, C.2
- 4. The facts in paragraphs D and D.1.
- 5. The facts in paragraphs E and E.1-E.3.
- 6. The facts in paragraphs F and F.1-F.4.
- 7. The facts in paragraphs G and G.1, G.2.
- 8. The facts in paragraphs H and H.1, H.2.

#### NINTH THROUGH SIXTEENTH SPECIFICATIONS

#### PRACTICING WITH GROSS INCOMPETENCE

Respondent is charged with practicing with gross incompetence under N.Y. Educ. Law Section 6509(2) (McKinney 1985) in that Petitioner charges:

- 9. The facts in paragraphs A and A.1-A.4.
- 10. The facts in paragraphs B and B.1-B.3.
- 11. The facts in paragraphs C and C.1, C.2
- 12. The facts in paragraphs D and D.1.
- 13. The facts in paragraphs E and E.1-E.3.
- 14. The facts in paragraphs F and F.1-F.4.
- 15. The facts in paragraphs G and G.1, G.2.
- 16. The facts in paragraphs H and H.1, H.2.

# SEVENTEENTH SPECIFICATION PRACTICING WITH NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with practicing the profession with negligence on more than one occasion under N.Y. Educ. Law Section 6509(2) (McKinney 1985), in that Petitioner charges that Respondent committed at least two of the following:

- 17. A and A.1-A.4, B and B.1-B.3, C and C.1,
- C.2, D and D.1, E and E.1-E.3, F and F.1-F.4,
- G and G.1, G.2 and/or H and H.1, H.2.

#### EIGHTEENTH SPECIFICATION

PRACTICING WITH INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with practicing the profession with incompetence on more than one occasion under N.Y. Educ. Law Section 6509(2)(McKinney 1985), in that Petitioner charges that Respondent committed at least two of the following:

- 18. A and A.1-A.4, B and B.1-B.3, C and C.1,
- C.2, D and D.1, E and E.1-E.3, F and F.1-F.4,
- G and G.1, G.2 and/or H and H.1, H.2.

### NINETEENTH THROUGH TWENTY-FIFTH SPECIFICATIONS

## COMMITTING UNPROFESSIONAL CONDUCT AS

#### DEFINED BY THE BOARD OF REGENTS

Respondent is charged with unprofessional conduct under N.Y. Educ. Law Section 6509(9) (McKinney 1985), in that he failed to maintain a record for each patient which accurately reflects his evaluation and treatment of the patient within the meaning of 8 NYCRR 29.2(a)(3)(1989), in that Petitioner charges:

- 19. The facts in paragraph A.5.
- 20. The facts in paragraph B.4.
- 21. The facts in paragraph C.3.
- 22. The facts in paragraph E.4.
- 23. The facts in paragraph F.5.
- 24. The facts in paragraph G.3.
- 25. The facts in paragraph H.3.

DATED: New York, New York
7/20/90

CHRIS STERN HYMAN

COUNSEL

Bureau of Professional Medical Conduct