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

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

December 7, 1990

Leslie Linet, Physician 195 Argyle Road Brooklyn, N.Y. 11218

Re: License No. 104031

Dear Dr. Linet:

Enclosed please find Commissioner's Order No. 11223. This Order and any penalty contained therein goes into effect five (5) days after the date of this letter.

If the penalty imposed by the Order is a surrender, revocation or suspension of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter. In such a case 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.

Very truly yours,

DANIEL J. KELLEHER Director of Investigations

By:

GUSTAVE MARTINE Supervisor

DJK/GM/er Enclosures

CERTIFIED MAIL- RRR

cc: Robert S. Asher, Esq. 295 Madison Avenue New York, N.Y. 10017

REPORT OF THE REGENTS REVIEW COMMITTEE

LESLIE LINET

CALENDAR NO. 11223



The University of the State of New York,

IN THE MATTER

of the

Disciplinary Proceeding

against

LESLIE LINET

No. 11223

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

REPORT OF THE REGENTS REVIEW COMMITTEE

LESLIE LINET, hereinafter referred to as respondent, was licensed to practice as a physician in the State of New York by the New York State Education Department.

The instant disciplinary proceeding was properly commenced. A copy of the statement of charges is annexed hereto, made a part hereof, and marked as Exhibit "A". The charges were amended at the hearing as indicated on pages 2 and 3 of the hearing committee report. Also, the last sentence of paragraph D.3. of the factual allegations was withdrawn by petitioner.

Between October 25, 1989 and February 7, 1990 a hearing was held on nine different sessions before a hearing committee of the State Board for Professional Medical Conduct.

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". The hearing committee found and concluded that respondent was guilty of the first, thirteenth, fourteenth, fifteen, sixteenth, and seventeenth specifications, and of the third through seventh and eighth through twelfth specifications insofar as patient A is concerned, and was not guilty of the remaining specifications, and recommended that respondent's license to practice as a physician in the State of New York be suspended for two years, but that suspension be stayed during which time he should take a course in psychopharmacology and be on probation.

The Commissioner of Health recommended to the Board of Regents that the findings, conclusions, and recommendation of the hearing committee be accepted in full. A copy of the recommendation of the Commissioner of Health is annexed hereto, made a part hereof, and marked as Exhibit "C".

On September 17, 1990, respondent appeared before us and was represented by Robert Asher, Esq. Roy Nemerson, Esq., presented oral argument on behalf of the Department of Health.

We have considered the record in this matter as transferred by the Commissioner of Health.

Petitioner's recommendation as to the measure of discipline to be imposed, should respondent be found guilty, was the same as the recommendation of the Commissioner of Health. Respondent's recommendation as to the measure of discipline to be imposed,

should respondent be found guilty, was the same as the hearing committee. These recommendations are the same.

At oral argument, respondent did not challenge the hearing committee's report or dispute any of its findings, conclusions, and recommendation. The Commissioner of Health and petitioner both accept the hearing committee's report in full.

We accept the findings of the hearing committee and the recommendation of the Commissioner of Health with respect to those findings. The conclusions of the hearing committee are drafted in a confusing manner which requires an explanation of our acceptance of these conclusions. The twenty-six specifications each contain various subparts referred to in different paragraphs of the charges. By simply stating whether a specification is or is not sustained without indicating its conclusions as to specific applicable paragraphs and subparts, the hearing committee appears to treat each specification as being wholly sustained or wholly not Obviously, based upon our review of the hearing sustained. committee report, that appearance is not accurate. The hearing committee has not made its conclusions clear. It is preferred that, in the future, the hearing committee specify its conclusions as to each of the paragraphs and subparts of each specification charged.

Moreover, the first and second specifications relate to negligence on more than one occasion and incompetence on more than

one occasion, respectively. Therefore, the hearing committee's mere reference to "negligence" or to "incompetence" without any enumeration of the paragraphs and subparts, as aforesaid, of the charges does not show, as is the case regarding negligence, that such professional misconduct was committed by respondent on more than one occasion. Furthermore, the hearing committee's references to the third through seventh and eighth through twelfth specifications as being sustained insofar as patient A is concerned is misleading because only the third and eighth specifications relate to patient A. We deemed these recommended conclusions to be so clarified.

Based on our more serious view of respondent's misconduct, including his gross negligence and gross incompetence, we unanimously recommend, as hereinafter set forth, an actual suspension of three months be imposed out of the two years suspension recommended by the hearing committee and Commissioner of Health, with execution of the last 21 months of said suspension to be stayed.

The hearing committee and Commissioner of Health do not indicate the length of the recommended period of probation. In view of the period of the stayed suspension being 21 months, we believe a 21 month period of probation is appropriate under these circumstances. The terms of probation which we recommend include the requirements that respondent take and successfully complete a

course of training in psychopharmacology and a course of training in record-keeping.

We unanimously recommend the following to the Board of Regents:

- The findings of fact of the hearing committee and the recommendation of the Commissioner of Health as to those findings of fact be accepted;
- The conclusions of the hearing committee and the recommendation of the Commissioner of Health as to those conclusions are accepted to the extent shown in the findings and conclusions of the hearing committee, as clarified in this report;
- 3. Respondent is, by a preponderance of the evidence, guilty of the thirteenth through seventeenth specifications, guilty of the first, third, and eighth specifications to the extent shown in the findings and conclusions of the hearing committee, and not guilty of the remaining specifications and charges; and
- 4. The measure of discipline recommended by the hearing committee and Commissioner of Health not be accepted and respondent's license to practice as a physician in the State of New York be suspended for two years upon each specification of the charges of which we recommend respondent be found guilty, said suspensions to run

concurrently, execution of the last 21 months of said suspension be stayed, and respondent placed on probation for set last 21 months as set forth under the terms of probation which are annexed hereto, made a part hereof, and marked as Exhibit "D".

Respectfully submitted,

EMLYN I. GRIFFITH

JANE M. BOLIN

PATRICK J. PICARIELLO

Dated: 10/26/90

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

IN THE MATTER

OF

COMMISSIONER'S

RECOMMENDATION

LESLIE LINET, 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 October 25, 1989, November 1, 1989, November 8, 1989, December 6, 1989, December 13, 1989, January 17, 1990, January 24, 1990, January 31, 1990 and February 7, 1990. Respondent, Leslie Linet, M.D., appeared by Robert Asher, Esq. The evidence in support of the charges against the Respondent was presented by Roy Nemerson, 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; and
- 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.

DATED: Albany, New York

DAVID AXELROD, M.D., Commissioner New York State Department of Health

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

IN THE MATTER : STATEMENT

OF : OF

LESLIE LINET, M.D. : CHARGES

-----X

LESLIE LINET, M.D., the Respondent, was authorized to practice medicine in New York State on July 8, 1969 by the issuance of license number 104031 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 beginning January 1, 1989 and ending December 31, 1991 from 195 Argyle Road; Brooklyn, New York.

FACTUAL ALLEGATIONS

A. On or about November 24, 1982, Patient A, a man who was then approximately 35 years old (patients are identified in Appendix F) consulted Respondent, a psychiatrist, at Respondent's office at 195 Argyle Road, Brooklyn, New York. Respondent noted diagnoses for Patient A of alcohol abuse by history, borderline disorder, and agorophobia with panic attacks. On or about April 13, 1983, Patient A entered into therapy with Respondent, and continued to be treated by Respondent until approximately June of 1986.

Patient A had a history which included alcohol abuse and chronic problems with impulse control and anger leading to overt violence. Patient A also had a history of five suicide attempts including one such attempt utilizing 30,000 mg. of chloral hydrate.

- During a period beginning in June of 1983 and ending in June of 1986, Respondent inappropriately issued approximately 30 prescriptions for meperedine 100 mg, totalling approximately 4,250 tablets, and 2 prescriptions for meperedine 50 mg, totalling approximately 250 tablets, to Patient A. (Specification of prescriptions issued to Patient A can be found in Appendix A.) Many of these prescriptions were issued by the Respondent on undated or falsely dated New York State Official Prescription Forms.
- During a period beginning in July of 1983 and ending in October of 1983, Respondent inappropriately issued 4 prescriptions for morphine sulphate 30 mg, totalling approximately 800 tablets, to Patient A. During a period beginning in January of 1986 and ending in May of 1986, Respondent inappropriately issued 4 prescriptions for morphine sulphate 30 mg, totalling approximately 640 tablet, to Patient A. Several of these prescriptions were issued by the Respondent on undated or falsely dated New York State Official Prescription Forms.
- 3. During a period beginning in July of 1983 and ending in or after January of 1986, Respondent inappropriately issued 9 prescriptions, 8 with multiple refills authorized, for Valium 10 mg, totalling in excess of

5,400 tablets, and 2 prescriptions, 1 with multiple refills authorized, for Valium 5 mg, totalling approximately 750 tablets, to Patient A.

- 4. During a period beginning on or about April 3, 1985 and ending on or after January 10, 1986, Respondent inappropriately issued 2 prescriptions, (each with 5 refills authorized), for Halcion 0.5 mg, totalling 720 tablets, to Patient A.
- 5. During a period beginning in September of 1984 and ending in June of 1986, Respondent inappropriately issued 16 prescriptions for Seconol 100 mg, totalling approximately 430 tablets, to Patient A. Many of these prescriptions were issued by the Respondent on undated or falsely dated New York State Official Prescription Forms.
- Respondent inappropriately issued prescriptions, with multiple refills authorized, for chloral hydrate 500 mg, totalling approximately 450 tablets, to Patient A. On a date unknown to Petitioner, Respondent inappropriately issued an undated prescription for chloral hydrate 1,000 mg, 120 tablets, to Patient A.

- 7. On or about October 30, 1985 Respondent inappropriately issued a prescription for Xanax 1 mg (with 5 refills authorized) totalling 720 tablets, to Patient A.
- 8. On or about June 17, 1986 Respondent inappropriately prescribed Dilaudid 4 mg, 180 tablets, to Patient A.
- 9. On or about October 30, 1985 Respondent inappropriately issued a prescription (with 5 refills authorized) for Amitriptyline HCL 50 mg, totalling 720 tablets, to Patient A.
- 10. Respondent failed to appropriately monitor and evaluate Patient A, or to note such monitoring and evaluation.
- 11. The Respondent issued these prescriptions to Patient A without a proper medical purpose.
- B. During the period beginning on or about November 12, 1985 and ending on or after January 14, 1986, Patient B, an approximately 50 year old man who was under the care and treatment of Respondent, received prescriptions from Respondent on 7 occasions. (Specification of prescriptions issued for to Patient B can be found in Appendix B.) Respondent reported no diagnosis for Patient B in his chart for Patient B, but has subsequently claimed that the patient suffered attention deficit disorder.
 - 1. On three occasions in November of 1985 Respondent inappropriately issued prescriptions for Ritalin

20 mg totalling 180 tablets, and for Ritalin 10 mg totalling 60 tablets.

- 2. On four occasions in December 1985 and January of 1986 Respondent inappropriately issued prescriptions for Dexedrine 15 mg totalling 120 capsules, Dexedrine 10 mg totalling 180 capsules, and Dexedrine 5 mg totalling 60 capsules.
- 3. Respondent failed to adequately evaluate and note Patient B's condition before and during the period of time when Respondent was prescribing Ritalin and Dexedrine for this patient.
- 4. Respondent inappropriately diagnosed Patient B as suffering from Attention Deficit Hyperactivity Disorder without first obtaining and noting sufficient history, and without performing and noting an appropriate mental status examination or other psychological testing to support such a diagnosis.
- 5. Respondent failed to maintain a record which accurately reflects the amount and identity of drugs prescribed to Patient B, and the dates upon which those prescriptions were issued.

- 6. Respondent issued these prescriptions to Patient B without a proper medical purpose.
- c. During a period beginning on or about February of 1985 and ending on or about February of 1989, Patient C was issued prescriptions for Ritalin by Respondent. (Specification of prescriptions issued for Patient C can be found in Appendix C.) Patient C was under the care and treatment of Respondent, at Respondent's office, beginning on or about January of 1986 and ending on or after February of 1989. At the beginning of this period Patient C, a boy, was approximately 5 years old.
 - 1. On or about February 12, 1289, Respondent inappropriately prescribed Ritalin 5 mg, for 30 tablets, to Patient C, despite the fact that Respondent was, at that time, evaluating and treating Patient C's mother, but not Patient C.
 - 2. Respondent inappropriately diagnosed Patient C. as suffering from Attention Deficit Disorder Syndrome, without obtaining or noting sufficient history, and without performing or noting an adequate mental status examination, psychological testing, or other appropriate evaluations to support such a diagnosis.
 - 3. During a period beginning on or about April of 1986 and ending on or about February of 1989, Respondent inappropriately issued approximately 29

prescriptions for Ritalin, to Patient C. Several of these prescriptions were issued by the Respondent on undated or falsely dated New York State Official Prescription forms. While several of these prescriptions were for Ritalin 5 mg and 10 mg, approximately 23 of these were for Ritalin 20 mg, totaling in excess of 2,500 tablets.

- 4. Respondent failed to appropriately monitor and note Patient C's psychiatric condition throughout the period of time that Respondent prescribed Ritalin.
- 5. Respondent failed to appropriately monitor and note Patient C's medical condition throughout the period of time that Respondent prescribed Ritalin.
- 6. Respondent failed to maintain a record that accurately reflects the amount of Ritalin prescribed for Patient C and the dates upon which the prescriptions were issued.
- 7. Respondent issued these prescriptions to Patient C without a proper medical purpose.

- D. During a period beginning on or about March of 1979 and ending on or about May of 1987, Patient D was under the care and treatment of Respondent at Respondent's office. At the beginning of this period Patient D, a boy, was approximately 12 years old.
 - Respondent inappropriately diagnosed Patient D as suffering from Attention Deficit Disorder, despite the fact that such a diagnosis was not indicated by Patient D's history.
 - 2. Respondent failed to perform appropriate diagnostic testing to support the diagnosis he assigned to Patient D, and to evaluate the suitability of the drug treatment he was to administer. (Specification of prescriptions issued to Patient D can be found in Appendix D.)
 - 3. During a period beginning on or about May 30, 1984 and ending on or about October 8, 1984, Respondent inappropriately issued approximately 5 prescriptions for Ritalin 20 mg to Patient D, for a total of approximately 690 tablets. Several of these prescriptions were issued by the Respondent on undated or falsely dated New York State Official Prescription forms.

- 4. During a period beginning on or about February 7, 1985 and ending on or about May 26, 1987, Respondent inappropriately issued approximately 24 prescriptions for Dexedrine 15 mg to Patient D, for a total of 2,460 capsules. Several of these prescriptions were issued by the Respondent on undated or falsely dated New York State Official Prescription forms.
- 5. During the periods of time when Respondent was prescribing Dexedrine and Ritalin for Patient D, he inappropriately prescribed Imipramine in doses which varied from 75 to 200 mg.
- 6. Respondent failed to maintain a record that accurately reflects the amount of Imipramine, Ritalin, and Dexedrine prescribed for Patient D, and the dates upon which those prescriptions were issued.
- 7. Respondent issued these prescriptions to Patient D without a proper medical purpose.

- E. During a period beginning on or about March of 1985 and continuing through February 20, 1987, Patient E was under the care and treatment of Respondent at Respondent's office. Patient E, a boy, was approximately 10 years old at the beginning of this period. Respondent diagnosed Patient E as suffering from Attention Deficit Disorder. (Specification of prescriptions issued to Patient E can be found in Appendix E.)
 - 1. During a period beginning on or about April 16,
 1985 and continuing through approximately June 12,
 1985, Respondent prescribed Ritalin for Patient E
 and then increased the prescribed dosage without
 adequate evaluation.
 - 2. During a period beginning on or about June 1, 1985 and continuing through approximately February 20, 1987, Respondent inappropriately maintained Patient E. on a high dosage of Ritalin without verifying the continued need, if any, for such dosage.
 - 3. Respondent failed to perform and note appropriate monitoring of Patient E's medical condition during the time when Respondent was prescribing Ritalin.
 - 4. Several of the prescriptions Respondent issued to Patient E were issued by the Respondent on undated or falsely dated New York State Official Prescription forms.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

PRACTICING THE PROFESSION WITH NEGLIGENCE

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

1. The facts in Paragraphs A and Al-11, the facts in Paragraphs B and Bl-6, the facts in Paragraphs C and Cl-7, the facts in Paragraphs D and Dl-7, and/or the facts in Paragraphs E and El-4.

SECOND SPECIFICATION

PRACTICING THE PROFESSION WITH INCOMPETENCE

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

2. The facts in Paragraphs A and Al-11, the facts in Paragraphs B and Bl-6, the facts in Paragraphs C and Cl-7, the facts in Paragraphs D and Dl-7, and/or the facts in Paragraphs E and El-4.

THIRD THROUGH SEVENTH SPECIFICATIONS

PRACTICING WITH GROSS NEGLIGENCE

The Respondent is charged with practicing the profession with gross negligence within the meaning of N.Y. Educ. Law Section 6509(2)(McKinney 1985) in that Petitioner charges:

- 3. The facts in Paragraphs A and Al-11.
- 4. The facts in Paragraphs B and B1-6.
- 5. The facts in Paragraphs C and C1-7.
- 6. The facts in Paragraphs D and D1-7.
- 7. The facts in Paragraphs E and E1-4.

EIGHTH THROUGH TWELFTH SPECIFICATIONS

PRACTICING WITH GROSS INCOMPETENCE

The Respondent is charged with practicing the profession with gross incompetence within the meaning of N.Y. Educ. Law Section 6509(2)(McKinney 1985) in that Petitioner charges:

- 8. The facts in Paragraphs A and A1-11.
- 9. The facts in Paragraphs B and Bl-6.
- 10. The facts in Paragraphs C and C1-7.
- 11. The facts in Paragraphs D and D1-7.
- 12. The facts in Paragraphs E and E1-4.

THIRTEENTH THROUGH SEVENTEENTH SPECIFICATIONS UNPROFESSIONAL CONDUCT/FAILING TO MAINTAIN RECORDS

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6509(9) (McKinney 1985) by committing unprofessional conduct as defined by the Board of Regents in 8 N.Y.C.R.R. 29.2(a)(3)(1987), by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient in that Petitioner charges:

- 13. The facts in Paragraphs A and A1-11.
- 14. The facts in Paragraphs B and B1-6.
- 15. The facts in Paragraphs C and C1-7.
- 16. The facts in Paragraphs D and D1-7.
- 17. The facts in Paragraphs E and E1-4.

EIGHTEENTH THROUGH TWENTY-FIRST SPECIFICATIONS PRACTICING FRAUDULENTLY

The Respondent is charged with practicing the profession fraudulently within the meaning of N.Y. Educ. Law Section 6509(2) (McKinney 1985) in that Petitioner charges:

- 18. The facts in Paragraphs A and Al-11.
- 19. The facts in Paragraphs B and B1-6.
- 21. The facts in Paragraphs C and C1-7.
- 21. The facts in Paragraphs D and D1-7.

TWENTY-SECOND THROUGH TWENTY-SIXTH SPECIFICATIONS

UNPROFESSIONAL CONDUCT/UNNECESSARY TREATMENT

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6509(9) (McKinney 1985) by committing unprofessional conduct as defined by the Board of Regents in 8 N.Y.C.R.R. 29.2(a)(7)(1987), by ordering excessive treatment not warranted by the condition of the patient, in that Petitioner charges:

- 22. The facts in Paragraphs A and A1-11.
- 23. The facts in Paragraphs B and B1-6.
- 24. The facts in Paragraphs C and C1-7.
- 25. The facts in Paragraphs D and D1-7.
- 26. The facts in Paragraphs E and E1-4.

DATED: New York, New York

Ougust 31,1939

CHRIS STERN HYMAN

Counsel

Bureau of Professional Medical Conduct

APPENDIX A

PATIENT A

•	Rx Number	Rx Date Indicated	Drug	Strength	# of Tablets
1	097651	06/21/83	MEPERIDINE	50mg	9
2	097654	07/02/83 Dated after issuing	MEPERIDINE	100mg	150
3		07/08/83	VALIUM	10mg	90+2 refills
4		07/08/83	CHLORAL HYDRATE	500mg	30+2 refills
5	097656	undated 07/21/83	MORPHINE	30mg	150
6	097655	08/06/83 Filled 7/30/83	MEPERIDINE	100mg	150
7	097659	undated Filled 8/30/83	MORPHINE	30mg	150
8	097661	undated Filled 9/12/83	MEPERIDINE	100mg	150
9	097672	09/26/83	MEPERIDINE	100mg	50
10		10/03/83	VALIUM	10mg	90+5 refills
11		10/03/83	CHLORAL HYDRATI	E 500mg	30+5 refills
12	097662	undated Filled 10/5/83	MORPHINE	30mg	200
13	878704	10/12/83	MEPERIDINE	100mg	150
14	878701	undated Filled 11/14/83	MEPERIDINE	100mg	150
15	878709	11/15/83	MORPHINE	30mg	300
16	097653	undated 12/9/83	DEMEROL	50mg	250
17		01/14/84	VALIUM	10mg	120
18	878719	undated 3/5/84	MEPERIDINE	100mg	100
19	878716	undated 3/30/84	MEPERIDINE	100mg	100
20	878718	undated 4/18/84	MEPERIDINE	100mg	100
21	1245380	04/30/84	MEPERIDINE	100mg	150
22	1245381	05/29/84 Filled 7/23/84	MEPERIDINE	100mg	150

23	1245382	06/12/84 Filled 6/30/84	MEPERIDINE	100mg	150
24	1245387	undated Filled 8/20/84	MEPERIDINE	100mg	150
25		08/30/84	VALIUM	10mg	90+3 refills
26	878710	undated Filled 9/4/84	DEMEROL	100mg	150
27	1245401	09/10/84	SECONAL	100mg	5.
28	1245402	09/13/84 Filled 9/8/84	SECONAL	100mg	6
29	1245403	09/13/84 Filled 9/20/84	SECONAL	100mg	30
30	1245404	09/24/84	SECONAL	100mg	30
31	1245405	09/24/84	DEMEROL	100mg	150
32	1245388	undated Filled 11 384	MEPERIDINE	100mg	150
33	878676	12/05/84	MEPERIDINE	100mg	150
34		12/14/84	VALIUM	10mg	120+5 réfills
35	878686	12/17/83 Dated after issui	SECONAL ng	100mg	30
36	878694	01/17/85	SECONAL	100mg	30
37	1245397	undated Filled 2/6/85	MEPERIDINE	100mg	150
38	878699	undated Filled 2/8/85	SECONAL	100mg	30
39	1245398	undated Filled 3/5/85	MEPERIDINE	100mg	150
40		03/16/85	VALIUM	10mg	120+5 refills
41	1245411	undated Filled 3/28/85	DEMEROL	100mg	150
42	1245429	undated Filled 4/1/85	DEMEROL	100mg	150
43		04/03/85	VALIUM	10mg	120+5 refills
44		04/03/85	HALCION	.5mg	30+5 refills
45	1245443	undated Filled 5/6/85	DEMEROL	100mg	150
46		05/26/85	VALIUM	10mg	120+5 refills

47	1245428	undated Filled 6/4/85	SECONAL	100mg	30	
48	1245454	undated Filled 6/13/85	DEMEROL	100mg	150	
49		08/14/85	VALIUM	.5mg	120+5 refills	
50	2181851	08/16/85	SECONAL	100mg	30	
51	2181852	08/16/85	MEPERIDINE	100mg	150	
52 °		08/24/85	VALIUM	.5mg	30 [:]	
53	1245431	undated Filled 10/15/82	DEMEROL	100mg	150	
54		10/30/85	XANAX	.lmg	120+5 refills	
55		10/30/85	AMITRIPTYLINE	50mg	120+5 refills	
56	2121866	undated Filled 11/8/85	DEMEROL	100mg	150	
57	2121865	undated Filled 11/8/85	SECONAL	100mg	30 '	
58	1245471	undated Filled 12/4/85	SECONAL	100mg	30	
59	878680	undated Filled 12/27/85	MEPERIDINE	100mg	150	
60	2181864	12/30/85	SECONAL	100mg	30	
61	2181895	01/10/86	MEPERIDINE	100mg	150	
62	2181899	undated Filled 1/12/86	MORPHINE	30mg	150	
63		01/10/85	VALIUM	10mg	120+5 refills	
64		01/10/86	HALCION	5mg	90+5 refills	
65	2181897	02/19/86	SECONAL	100mg	30	
66	2181900	02/19/86	MORPHINE	100mg	180	
67	1245447	02/25/86	DEMEROL	100mg	150	
68	2181847	02/25/86	MORPHINE	30mg	150	
69	2181846	03/12/86	DEMEROL	100mg	150	
70	2181845	03/12/86	SECONAL	100mg	30	
71	1245472	undated Filled 4/30/86	SECONAL	100mg	30	
72	2181801	undated Filled 5/8/86	MORPHINE	30mg	180	

73	2698718	06/17/86	DILAUDID	4mg	180
74 .	2698722	06/20/86	SECONAL	100mg	30
75		undated	VALIUM	10mg	100+5 refills
76		undated	CHLORAL HYDRATE	100mg	30+5 refills

APPENDIX B

PATIENT B

•	Rx Number 1	Rx Date Indicated	Drug	Strength	#of Tablets
1	2181875	11/12/85	RITALIN	20mg	60
2	2181878	11/25/85	RITALIN	20mg	120
3	2181879	11/26/85	RITALIN	10mg	60
4	2181885	12/10/85	DEXEDRINE	10mg	60 .
5	2188889	12/24/85	DEXEDRINE	- 5mg	60
6	2181890	12/24/85	DEXEDRINE	10mg	120
7	2181827	01/25/86	DEXEDRINE	15mg	120

APPENDIX C

PATIENT C

•	Rx Number	Rx Date Indicated	Drug	Strength	#of Tablets
1	1245427	02/07/85	RITALIN	.5mg	30
2	2181831	01/18/86	RITALIN	.5mg	60
3	2181839	01/31/86	RITALIN	10mg	60
4	2181849	undated Filled 4/1/86	RITALIN	10mg	30 :
5	2181850	undated Filled 4/1/86	RITALIN	.5mg	30
6	2181821	04/07/86	RITALIN	20mg	30
7	2698766	058/064/86 Filled 8/5/86 Dated after issuing	RITALIN E	.5mg	30
8	2698677	08/04/86	RITALIN	20mg	60 ,
9	2698679	09/05/86	RITALIN	20mg	30
10	2698700	10/16/86	RITALIN	20mg	90 ,
11	3045184	11/24/86	RITALIN	20mg	60
12	3045193	12/16/86 Dated after issuin	RITALIN .	20mg	90
13	3045202	01/22/87	RITALIN	20mg	90
14	3045203	01/22/87	RITALIN	.5mg	30
15	3045208	02/20/87	RITALIN	20mg	90
16	3045258	03/26/87	RITALIN	20mg	60
17	3045219	04/21/87	RITALIN	20mg	90
18	3045226	05/26/87	RITALIN	20mg	90
19	3045233	06/27/87	RITALIN	20mg	90
20	0078335	07/20/87 Dated after issuin	RITALIN g	20mg	270
21	0078342	09/11/87	RITALIN	20mg	90
22	0078346	10/23/87	RITALIN	20mg	135
23	0587658	11/17/87	RITALIN	20mg	60
24	0587659	11/17/87	RITALIN	10mg	60

	Rx Number	Rx Date Indicated	Drug	Strength	#of Tablets
25	0587661	12/12/87 Dated after issuing	RITALIN	20mg	315
26	587603	03/17/88	RITALIN	20mg	270
27	2338279	06/14/88	RITALIN	20mg	270
28	2338297	08/12/88	RITALIN	20mg	75
29	2383401	09/06/88	RITALIN	20mg	75
30	2383413	10/07/88	RITALIN	20mg	75 [•]
31	2368722	02/24/89	RITALIN	20mg	75
32	2368723	02/21/89	RITALIN	10mg	30

APPENDIX D

PATIENT D

•	Rx Number	Rx Date Indicated	Drug	Strength	#of Tablets
1	1245391	05/30/84	RITALIN	20mg	90
2	1245393	06/27/84	RITALIN	20mg	90
3	1245396	07/30/84	RITALIN	20mg	150
4	1245399	08/30/84	RITALIN	20mg	150
5	1245412	10/08/84	RITALIN	20mg	150
6	1245426	02/07/85	DEXEDRINE	15mg	90
7	1245434	02/28/85	DEXEDRINE	15mg	120
8	1245445	04/11/85	DEXEDRINE	15mg	90
9	1245450	05/02/85 Dated after issuing	DEXEDRINE	15mg	120
10	1245473	07/01/85 Dated after issuing	DEXEDRINE	15mg	90 . '
11	1245474	08/03/85	DEXEDRINE	15mg	90 ,
12	2181858	10/03/85	DEXEDRINE	15mg	90
13	2181870	11/06/85	DEXEDRINE	15mg	90
14	2181880	11/29/85	DEXEDRINE	15mg	90
15	2181891	01/03/86	DEXEDRINE	15mg	90
16	2181835	01/22/86	DEXEDRINE	15mg	90
17	2181805	02/26/86	DEXEDRINE	15mg	90
18	2181817	03/27/86	DEXEDRINE	15mg	120
19	2698731	07/09/86	DEXEDRINE	15mg	90
20	2698684	09/19/86	DEXEDRINE	15mg	90
21	3045176	10/10/86	DEXEDRINE	15mg	90
22	3045188	11/26/86	DEXEDRINE	15mg	120
23	3045190	12/27/86	DEXEDRINE	15mg	120
24	3045205	02/04/87	DEXEDRINE	15mg	120
25	3045207	03/04/87	DEXEDRINE	15mg	120
26	3045215	04/03/87	DEXEDRINE	15mg	120

	Rx Number	Rx Date Indicated	Drug	Strength	#of Tablets
27	3045221	05/02/87	DEXEDRINE	15mg	120
28 ·	3045227	05/26/87	DEXEDRINE	15mg	120

APPENDIX E

PATIENT E

•	Rx Number	Rx Date Indicated	Drug	Strength	#of Tablets
1	1245446	04/16/85	RITALIN	.5mg	30
2	1245449	05/01/85	RITALIN	.5mg	60
3	1245457	05/15/85	RITALIN	10mg	60
4	1245467	06/12/85	RITALIN	20mg	60 .
5	2181877	11/20/85	RITALIN	- 20mg	120
6	2181883	12/03/85	RITALIN	10mg	60
7	2181893	01/06/86	RITALIN	10mg	60
8	2181881	01/21/86 Dated after issuir	RITALIN ng	20mg	120
9	2181803	02/24/86	RITALIN	20mg	180
10	2698773	05/21/86	RITALIN	20mg	75 . '
11	2698680	09/09/86	RITALIN	20mg	150
12	2698681	09/09/86	RITALIN	.5mg	30 '
13	2698682	10/07/86	RITALIN	20mg	150
14	3045179	11/11/86	RITALIN	20mg	150
15	3045180	12/10/86	RITALIN	20mg	150
16	3045197	02/20/87	RITALIN	20mg	150

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

IN THE MATTER

REPORT :

OF

OF THE

LESLIE LINET, M.D.

HEARING COMMITTEE

TO: THE HONORABLE DAVID AXELROD, M.D.

COMMISSIONER OF HEALTH OF THE STATE OF NEW YORK-

The undersigned Hearing Committee (the Committee)

consisted of Ricahrd D. Milone, M.D., Chairman, George Hyams,

M.D. and Timothy Truscott. The Committee was duly designated,

constituted and appointed by the State Board of 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 Section 230 and New York State

Administrative Procedure Act Sections 301-307 to receive evidence concerning the charges that the Respondent has violated provisions of New York Education Law Section 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 Fact, Conclusions and Recommendations to the New York State Commissioner of Health.

STATEMENT OF THE CASE

The Statement of Charges lists various specifications : as follows.

The First through Seventeenth and Twenty-Second through
Twenty-Sixth allege that the Respondent practiced the profession:

- with negligence on more than one occasion;
- with incompetence on more than on occasion;
- with gross negligence;
- with gross incompetence;
- with failing to maintain records; and
- with ordering excessive treatment not warranted by the conditions of the patients.

These charges are founded upon factual allegations with regard to five patients identified as Patients A through E.

The Eighteenth through Twenty-First Specifications allege that the Respondent practiced fraudulently based upon the factual allegations with regard to Patient A through D.

At the hearing, the Petitioner was permitted to amend Appendix A, attached to the Statement of Charges, changing some of the medication schedules.

The Petitioner withdrew the last sentence of paragraph 3 of the factual allegations with regard to Patient D. The last sentence of paragraph 4 was amended to change the first word from "several" to "six."

The duties in paragraphs 1 and 2, with regard to Patient E, were amended to change "June 12" to "November" and in paragraph 4, the first word was amended to read "three" instead of "several."

At an Intra-hearing Conference, the Administrative Law Judge sustained the objections to the introduction by Petitioner of the Autopsy Report with regard to the death of Patient A on the grounds that there was no evidence to tie in the death of the patient with anything that the Respondent did or with anything that he prescribed.

PROCEDURAL HISTORY

Statement of Charges dated:

August 31, 1989

Notice of Hearing and Statement of Charges served upon Respondent:

September 22, 1989

Place of Hearing:

8 East 40th Street New York, New York

Answer: None Filed

Bureau of Professional Medical Conduct appeared by:

Roy Nemerson, Esq. Associate Counsel

Respondent appeared by:

Robert Osher, Esq.

Pre-hearing Conference held on:

October 25, 1989

October 25, 1989 Hearings held on: November 1, 1989 November 8, 1989 December 6, 1989 December 13, 1989 January 17, 1990 January 24, 1990 January 31, 1990 February 7, 1990 November 1, 1989 Intra-hearing Conference held on: February 7, 1990 Record closed on: Petitioner's proposed Findings of March 13, 1990 Fact received on: Respondent's proposed Findings of March 14, 1990 Fact received on: March 21, 1990 Deliberations held on:

WITNESSES

For the Petitioner:

Albert Bryt, M.D. - psychiatrist, expert witness

For the Respondent:

<u>Leslie Linet, M.D.</u> - the Respondent

Edward Khantzian, M.D. - psychiatrist licensed in Massachusetts expert witness

J.S. - a patient of the Petitioner and
 parent of Patient C

L.F. - parent of Patient E

Sidney Katz, M.D. - expert witness in psychiatry and child and adolescent psychiatry

FINDINGS OF FACT

Numbers in parentheses refer to transcript page numbers or exhibits. These citations represent evidence found persuasive by the Hearing Committee in arriving at a particular finding.

Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. The Hearing Committee unanimously reached each of the following findings of fact unless otherwise noted.

LESLIE LINET, M.D., the Respondent, was authorized to practice medicine in New York State on July 8, 1969 by the issuance of license number 104031 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 beginning January 1, 1989 and ending December 31, 1991 from 195 Argyle Road, Brooklyn, New York.

Patient A

1. On or about November 24, 1982, Patient A, a man who was then approximately 35 years old consulted Respondent, a psychiatrist, at Respondent's office at 195 Argyle Road, Brooklyn, New York. Respondent noted diagnoses for Patient A of alcohol abuse by history, borderline disorder, and agoraphobia with panic attacks. (T. 34-35; Ex. 4).

- 2. On or about April 13, 1983, Patient A entered into therapy with Respondent, and continued to be treated by Respondent until approximately June of 1986. (Ex. 4).
- 3. Patient A had a history which included alcohol abuse and chronic problems with impulse control and anger leading to overt violence. (T. 34-35; Ex. 4).
- 4. Patient A had a history of a past suicide attempt in 1971, taking 60 capsules of chloral hydrate. (Ex. 4).
- 5. During a period beginning in June of 1983 and ending in June of 1986, Respondent issued approximately 30 prescriptions for meperidine 100 mg., totalling approximately 4,250 tablets, and two prescriptions for meperidine 50 mg., totalling approximately 250 tablets, to Patient A. (Exs. 2, 3, 4, 16).
- 6. Twenty-one of the above prescriptions were intentionally issued by the Respondent on undated or falsely dated New York State Official Prescription Forms. (T. 702; Exs. 2, 16).
- 7. During a period beginning in July of 1983 and ending in October of 1983, Respondent issued four prescriptions for morphine sulphate 30 mg., totalling approximately 800 tablets, to Patient A. During a period beginning in January of 1986 and ending in May of 1986, Respondent issued four prescriptions for morphine sulphate 30 mg., totalling approximately 640 tablets, to Patient A. (Exs. 2, 16).

- 8. Five of the above prescriptions were intentionally issued by the Respondent on undated New York State Official Prescription Forms. (T. 702; Exs. 2, 16).
- During a period beginning in July of 1983 and ending in or after January of 1986, Respondent issued nine prescriptions, eight with multiple refills authorized, for Valium 10 mg., totalling in excess of 5,400 tablets, and two prescriptions, one with multiple refills authorized, for Valium 5 mg., totalling approximately 750 tablets, to Patient A. (Exs. 3, 4).
- 10. One of the above prescriptions for Valium 10 mg., 100 tablets, renewable five times, was intentionally issued by Respondent without a date. (Ex. 3).
- 11. During a period beginning on or about April 3, 1985 and ending on or after January 10, 1986, Respondent issued two prescriptions, each with five refills authorized, for Hallion 0.5 mg., totalling 720 tablets, to Patient A. (Ex. 3).
- 12. During a period beginning in September of 1984 and ending in June of 1986, Respondent issued 16 prescriptions for Seconal 100 mg., totalling approximately 430 tablets, to Patient A. (Ex. 2, 4, 16).
- 13. Seven of the above prescriptions were intentionally issued by the Respondent on undated or falsely dated New York State Official Prescription Forms. (Exs. 2, 16). (D's 1(b) Appendix A, lines 28, 38, 47, 57, 58, 65 and 71; T. 702)

- 14. On or about July 8, 1983 and on or about October 3, 1983,
 Respondent issued prescriptions, with multiple refills
 authorized, for chloral hydrate 500 mg., totalling
 approximately 450 tablets, to Patient A. (Ex. 3).
- 15. Respondent intentionally issued an undated prescription for chloral hydrate 1,000 mg., 120 units, to Patient A. (Ex. 3).
- 16. On or about October 30, 1985, Respondent issued a prescription for Xanax 1 mg., with five refills authorized, totalling 720 tablets, to Patient A. (Ex. 3).
- 17. On or about June 17, 1986, Respondent prescribed Dilaudid 4 mg., 180 tablets, to Patient A. (Exs. 2, 16).
- 18. On or about October 30, 1985, Respondent issued a prescription, with five refills authorized, for Amitriptyline HCL 50 mg., totalling 720 tablets, to Patient A. (Ex. 3).

Patient B

- 1. During the period beginning on or about November 12, 1985 and ending on or after January 14, 1986, Patient B, an approximately 50 year old man who was under the care and treatment of Respondent, received prescriptions from Respondent on seven occasions. (Exs. 6, 7, 11).
- 2. Respondent reported no diagnosis in his chart for Patient B. (Ex. 11).

- 3. Respondent did not perform a mental status examination or other psychological assessment of Patient B either before or during his treatment with Ritalin and Dexedrine. (T. 244-59, 262-7, 274-6, 285-6; Ex. 11).
- 4. Respondent did not obtain and document an adequate history of Patient B either before or during his treatment with Ritalin and Dexedrine. (Exs. 11; T. 244-59, 262-7, 274-6, 285-6).
- 5. On three occasions in November of 1985, Respondent issued prescriptions for Ritalin 20 mg. totalling 180 tablets, and for Ritalin 10 mg. totalling 60 tablets. (Exs. 6, 7, 11).
- Respondent initially prescribed a daily dose of 20 mg. and during a period of 36 days increased the daily dosage to 60, 80, 100 and finally 120 mg. (Exs. 6, 7, 11).
- 7. Patient B was, at the time Respondent treated him, suffering from hypertension. (T. 320-3; Exs. 11, 15).
- 8. On four occasions in December 1985 and January of 1986
 Respondent issued prescriptions for Dexedrine 15 mg. totalling
 120 capsules, Dexedrine 10 mg. totalling 180 capsules, and
 Dexedrine 5 mg. totalling 60 capsules. (Exs. 6, 7).
- 9. Respondent initially prescribed Dexedrine in a daily dosage of 20 mg., and during a one-month period increased the dosage to 30, 40, 45, 50 and finally 60 mg. (T. 262-7, 274-6, 317-8; Exs. 11, 15).

Patient C

- 1. Patient C's mother was under the care and treatment by
 Respondent from 1980. Patient C frequently accompanied his
 mother during her appointments. On or about February 12,
 1985, the Respondent prescribed Ritalin 5 mg. 30 tablets for
 Patient C. Thereafter, Patient C was under the care and
 treatment by the Respondent. (Ex. 12).
- 2. Six prescriptions for Ritalin, from April 1986 to February 1989, were issued by the Respondent on undated or falsely dated New York State Official Prescription forms. (Exs. 6, 8, 12).
- 3. Respondent diagnosed Patient C as suffering from Attention Deficit Disorder without obtaining or documenting and adequate history, and without performing or documenting an adequate mental status examination. (T. 326-33, 356-64, 382-3, 395-6, 448-9, 458-9, 1247-50, 1269-74; Ex. 12).
- 4. Respondent failed to appropriately monitor and note Patient C's medical condition throughout the period of time that Respondent prescribed Ritalin. (T. 328-32; Ex. 12).

Patient D

 During a period beginning on or about March of 1979 and ending on or about May of 1987, Patient D was under the care and treatment of Respondent at Respondent's office. At the

- beginning of this period, Patient D, a boy, was approximately 12 years old. (Ex. 13).
- 2. Respondent did not perform a mental status examination of Patient D either before or during his treatment with Ritalin and Dexedrine. (T. 465-7, 512, 519, 1247-50, 1269-74; Ex. 13).
 - 3. Respondent obtained a history of Patient D before his treatment with Ritalin and Dexedrine. (T. 465-7, 512, 519, 1247-50, 1269-74; Ex. 13).
 - 4. Respondent diagnosed Patient D as suffering from Attention Deficit Disorder. (T. 356-64, 382-3, 1247-50, 1269-74; Ex. 13).
 - 5. During a period beginning on or about May 30, 1984 and ending on or about October 8, 1984, Respondent issued approximately five prescriptions for Ritalin 20 mg. to Patient D, for a total of approximately 690 tablets. (Exs. 6, 9 13).
 - 6. During a period beginning on or about February 7, 1985 and ending on or about May 26, 1987, Respondent issued approximately 24 prescriptions for Dexedrine 15 mg. to Patient D, for a total of 2,460 capsules. (Exs. 6, 9, 13).
 - 7. Six of the above prescriptions were issued by the Respondent on undated or falsely dated New York State Official Prescription forms. (Exs. 6, 8, 9, 10, 13).
 - 8. Respondent initially prescribed a daily dose of Ritalin, for Patient D, of 40 mg., and then raised the daily dosage to 60

- mg., three days later, to 80 mg. two weeks later, and to 100 mg. one week later. (T. 519-24, 1003-5; Exs. 6, 9, 13).
- Respondent subsequently prescribed Dexedrine for Patient D, beginning in February 1985 with a daily dosage of 45 mg. (Ex. 6) and subsequently varying between 45 and 60 mg. (T. 1116-7).
- 10. During the first five weeks that Respondent prescribed

 Dexedrine for Patient D, he continued to also prescribe

 Imipramine. (T. 468-70; Exs. 6, 13, 15).

Patient E

- 1. During a period beginning on or about March of 1985 and continuing through February 20, 1987, Patient E was under the care and treatment of Respondent at Respondent's office.

 Patient E, a boy, was approximately 10 years old at the beginning of this period. Respondent diagnosed Patient E as suffering from Attention Deficit Disorder and prescribed Ritalin for him. (Exs. 6, 10, 14).
- 2. On or about April 12, 1985 Respondent prescribed Ritalin for use by Patient E at a daily dose of 5 mg. (Ex. 14).
- On or about April 24, 1985, Respondent increased the prescribed daily dosage of Ritalin to 10 mg. (T. 516-24; Ex. 14).

- 4. On or about May 15, 1985, Respondent increased the prescribed daily dosage of Ritalin to 20 mg. (T. 516-24; Ex. 14).
- 5. On or about May 29, 1985, respondent increased the prescribed daily dosage of Ritalin to 40 mg. (T. 516-24; Ex. 14).
- 6. On or about October 11, 1985, Respondent prescribed Ritalin for use by Patient E at a daily dose of 40 mg. (Ex. 14).
- 7. On or about October 31, 1985, Respondent increased the prescribed daily dosage of Ritalin to 60 mg. (T. 516-24; Ex. 14).
- 8. On or about November 15, 1985, Respondent increased the prescribed daily dosage of Ritalin to 80 mg. (T. 516-24; Ex. 14).
- 9. On or before December 3, 1985, Respondent increased the prescribed daily dosage of Ritalin to 100 mg. (T. 516-24; Ex. 14).
- 10. On or about February 24, 1986, Respondent increased the prescribed daily dosage of Ritalin to 120 mg. (T. 516-24; Ex. 14).
- 11. Three of the prescriptions Respondent issued to Patient E were issued by the Respondent on undated or falsely dated New York State Official Prescription forms. (Exs. 6, 9, 10).
- 12. Respondent did not document a mental status examination or other psychological assessment of Patient E during his treatment with Ritalin. (T. 516-24, 1247-50, 1269-74; Ex. 14).

CONCLUSIONS

All conclusions have been unanimously voted by the Committee.

With regard to Patient A, the Committee concludes that the Respondent inappropriately attempted to treat a borderline personality disorder characterized by panic attacks and alcohol abuse, with narcotics such as Meperidine, Morphine Sulfate and Dilaudid. In the literature produced in evidence other than conjectural material, there was nothing to justify the use of these medications. The administration of Seconal and Chloral Hydrate to this patient who had an addictive history as well as a history of suicide attempts was inappropriate.

Zanax, Valium and Amitriptyline, while not necessarily inappropriate for the treatment of this disorder, were nevertheless prescribed irregularly and without proper monitoring.

With regard to Patient B, the Committee notes that the patient's wife had been Dr. Linet's patient over a long period of time. On October 29, 1985, Dr. Linet prescribed Ritalin (a controlled substance) for Patient B. The entry thereof appears on the wife's chart (Ex. 11) without an adequate examination or history being taken.

There is insufficient evidence that the diagnosis of
Attention Deficit Disorder was correct. The latter is compounded

by the fact that Patient B suffered from hypertension and was already being treated with Maxzide an anti-hypertensive : medication. The use of Ritalin and particularly Dexedrine in such a patient was inappropriate.

with regard to Patients C, D and E, the Committee votes that the diagnosis of Attention Deficit Disorder is more probable than not. In all of the instances, Dr. Linet failed to keep accurate and adequate records by his own admission. The Respondent's record keeping was deplorable. The issuance of undated or falsely dated prescriptions is inexcusable. The . Committee particularly cites the issuance of undated narcotics prescriptions "so the patient is in control of his treatment" as an abdication of a physician's basic responsibility.

The Committee, therefore, concluded:

- That the First Specification, Practicing the Profession with negligence is <u>sustained</u>.
- That the Second Specification , Practicing the Profession with Incompetence is <u>not sustained</u>. There was only one occasion of incompetence, namely concerning Patient A.
- 3. That the Third through Seventh Specifications, Practicing with Gross Negligence is <u>sustained</u> insofar as Patient A is concerned, but <u>not sustained</u> insofar as the other patients are concerned.

- 4. That the Eighth through Twelfth Specifications, Practicing with Gross Incompetence is <u>sustained</u> insofar as Patient A is concerned, but <u>not sustained</u> insofar as the other patients are concerned.
- 5. That the Thirteenth through Seventeenth Specifications,
 Unprofessional Conduct/Failing to Maintain Records are
 sustained.
- 6. That the Eighteenth through Twenty-First Specifications, .

 Practicing Fraudulently are not sustained. There is no evidence that the Respondent intended to commit fraud.
- 7. That the Twenty-Second through Twenty-Sixth Specifications,
 Unprofessional Conduct/Unnecessary Treatment are not
 sustained. There is no evidence that the Respondent ordered
 "excessive treatment" as that phrase is understood in the
 medical profession.

RECOMMENDATIONS

The Committee took into consideration the fact that not only were there no allegations of greed but that as the hearing progressed, it was quite evident that the Respondent was of good character and deeply interested in the welfare of his patients.

The Committee, therefore, recommends that Dr. Linet's license to practice medicine be suspended for a period of two years, but that the suspension be stayed during which time he should take a course in psychopharmacology and be on probation.

DATED: New York, New York

, 1990

Respectfully submitted,

RICHARD D. MILONE, M.D., CHAIRPERSON

GEORGE HYAMS, M.D. TIMOTHY TRUSCOTT

EXHIBIT "D"

TERMS OF PROBATION OF THE REGENTS REVIEW COMMITTEE

LESLIE LINET

CALENDAR NO. 11223

- 1. That respondent shall make quarterly visits to an employee of and selected by the Office of Professional Medical Conduct of the New York State Department of Health, unless said employee agrees otherwise as to said visits, for the purpose of determining whether respondent is in compliance with the following:
 - a. That respondent, during the period of probation, shall act in all ways in a manner befitting respondent's professional status, and shall conform fully to the moral and professional standards of conduct imposed by law and by respondent's profession;
 - b. That respondent shall submit written notification to the New York State Department of Health, addressed to the Director, Office of Professional Medical Conduct, Empire State Plaza, Albany, NY 12234 of any employment and/or practice, respondent's residence, telephone number, or mailing address, and of change in respondent's employment, practice, residence, telephone number, or mailing address within or without the State of New York:
 - That respondent shall submit written proof c. from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that respondent has paid all registration fees due and owing to the NYSED and respondent shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by respondent to the New York State Department of Health, addressed to the Director, Office Professional Medical Conduct, as aforesaid, no later than the first three months of the period of probation; and
 - d. That respondent shall submit written proof to the New York State Department of Health, addressed to the Director, Office of

LESLIE LINET (11223)

Professional Medical Conduct, as aforesaid, that 1) respondent is currently registered with the NYSED, unless respondent submits written proof to the New York State Department of Health, that respondent has advised DPLS, NYSED, that respondent is not engaging in the practice of respondent's profession in the State of New York and does not desire to register, and that 2) respondent has paid any fines which may have previously been imposed upon respondent by the Board of Regents; said proof of the above to be submitted no later than the first two months of the period of probation;

- 2. That respondent shall, at respondent's expense, enroll in and diligently pursue a course of training in psychopharmacology and a course of training in record-keeping, said courses of training to be selected by respondent and previously approved, in writing, by the Director of the Office of Professional Medical Conduct, said courses to be satisfactorily completed within six 6 months from the effective date of this term of probation, unless permission is granted by said Director to extend the six (6) month period for completion of both courses to any further necessary period up to the maximum 21 month period of probation, such completion to be verified in writing and said verification to be submitted to the Director of the Office of Professional Medical Conduct;
- 3. If the Director of the Office of Professional Medical Conduct determines that respondent may have violated probation, the Department of Health may initiate a violation of probation proceeding and/or such other proceedings pursuant to the Public Health Law, Education Law, and/or Rules of the Board of Regents.

ORDER OF THE COMMISSIONER OF EDUCATION OF THE STATE OF NEW YORK

LESLIE LINET

CALENDAR NO. 11223



The University of the State of New York

IN THE MATTER

OF

LESLIE LINET (Physician)

ORIGINAL
VOTE AND ORDER
NO. 11223

Upon the report of the Regents Review Committee, a copy of which is made a part hereof, the record herein, under Calendar No. 11223, and in accordance with the provisions of Title VIII of the Education Law, it was

<u>VOTED</u> (November 16, 1990): That, in the matter of LESLIE LINET, respondent, the recommendation of the Regents Review Committee be accepted as follows:

- 1. The findings of fact of the hearing committee and the recommendation of the Commissioner of Health as to those findings of fact be accepted;
- 2. The conclusions of the hearing committee and the recommendation of the Commissioner of Health as to those conclusions are accepted to the extent shown in the findings and conclusions of the hearing committee, as clarified in the report of the Regents Review Committee;
- Respondent is, by a preponderance of the evidence, guilty of the thirteenth through seventeenth specifications, guilty of the first, third, and eighth specifications to the extent shown in the findings and conclusions of the hearing committee, and not guilty of the remaining specifications and charges; and
- 4. The measure of discipline recommended by the hearing

LESLIE LINET (11223)

committee and Commissioner of Health not be accepted and respondent's license to practice as a physician in the State of New York be suspended for two years upon each specification of the charges of which respondent was found guilty, said suspensions to run concurrently, execution of the last 21 months of said suspension be stayed, and respondent placed on probation for said last 21 months as set forth under the terms of probation prescribed by the Regents Review Committee;

and that the Commissioner of Education 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.

IN WITNESS WHEREOF, I, Thomas Sobol, Commissioner of Education 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 and affix the seal of the State Education Department, at the City of Albany, this Asian index of 1990.

Commissioner of Education

Homas Soul