



# STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

PUBLIC

June 25, 2004

## **CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Nancy Strohmeier, Esq.  
NYS Department of Health  
5 Penn Plaza – 6<sup>th</sup> Floor  
New York, New York 10001

Ralph A. Erbaio, Jr., Esq.  
Hoffman, Einiger & Polland, PLLC  
220 East 42<sup>nd</sup> Street, Suite 435  
New York, New York 10017

Rao R. Suryadevara, M.D.  
38-01 149<sup>th</sup> Street  
Flushing, New York 11354

**RE: In the Matter of Rao R. Suryadevara, M.D.**

Dear Parties:

Enclosed please find the Determination and Order (No. 04-141) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

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

Office of Professional Medical Conduct  
New York State Department of Health  
Hedley Park Place  
433 River Street - Fourth Floor  
Troy, New York 12180

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

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), and §230-c subdivisions 1 through 5, (McKinney Supp. 1992), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

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

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

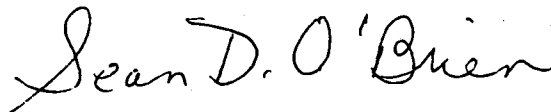
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge  
New York State Department of Health  
Bureau of Adjudication  
Hedley Park Place  
433 River Street, Fifth Floor  
Troy, New York 12180

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

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

Sincerely,

A handwritten signature in cursive script that reads "Sean D. O'Brien".

Sean D. O'Brien, Director  
Bureau of Adjudication

SDO:cah  
Enclosure

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

**COPY**

-----X  
IN THE MATTER : DETERMINATION  
:   
OF : AND  
:   
RAO R. SURYADEVARA, M.D. : ORDER  
-----X BPMC #04-141

A Commissioner's Order and Notice of Hearing, dated March 18, 2004, and a Statement of Charges, dated March 15, 2004, were served upon the Respondent, Rao R. Suryadevara, M.D. RICHARD D. MILONE, M.D. (CHAIR), ROBERT BRUCE BERGMANN, M.D., AND CHARLES AHLERS, duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter pursuant to Section 230(10) (Executive) of the Public Health Law. LARRY G. STORCH, ADMINISTRATIVE LAW JUDGE, served as the Administrative Officer. The Department of Health appeared by Nancy Strohmeier, Esq., Assistant Counsel. The Respondent appeared by Hoffman, Einiger & Polland, PLLC, Ralph A. Erbaio, Jr., Esq., of Counsel. Evidence was received and witnesses sworn and heard and transcripts of these proceedings were made.

After consideration of the entire record, the Hearing Committee issues this Determination and Order.

### STATEMENT OF CASE

Petitioner has charged Respondent with practicing medicine while impaired, in violation of N.Y. Educ. Law §6530(7) and with having a psychiatric condition which impairs the licensee's ability to practice, in violation of N.Y. Educ. Law §6530(8). Respondent admits that he suffers from a psychiatric condition, but denies that his ability to practice medicine is impaired or that he is suffering from a mental disability.

A copy of the Statement of Charges is attached to this Determination and Order in Appendix I.

### FINDINGS OF FACT

The following Findings of Fact were made after a review of the entire record in this matter. 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.

1. Rao R. Suryadevara, M.D. (hereinafter "Respondent"), was authorized to practice medicine in New York State by the New York State Education Department's issuance of license number 196779 on or about August 2, 1994. (Ex. #2).

2. Respondent was born in India and received his medical degree from Guntur Medical College in Guntur, India in 1980. He emigrated to the United States, and from July 1989 to June 1990, Respondent served as a first year resident at Flushing Hospital Medical Center. In June 1992, Respondent completed a residency in internal medicine at Grace Hospital in Detroit, Michigan. From June 1993 through June 1994, Respondent served as a clinical fellow in cardiology at West Virginia University. (T. 203-204; Ex. #2).

3. Between 1995 and 1998, Respondent was a clinical fellow in cardiology at Harlem Hospital in Manhattan. (T. 34, 210-211).

4. From 1998 through 2001, Respondent worked as an attending physician in the emergency department at New York Community Hospital in Brooklyn, New York. (T. 215).

5. In 2001, Respondent joined the cardiology department at the Veterans Affairs ("VA") Hospital in Danville, Illinois and was employed as a staff cardiologist. He left this position in August, 2003. (T. 216, 223).

6. Respondent has a long-standing history of psychiatric illness. In 1993, at the age of 36, Respondent consulted a psychiatrist while he attended a convention in Atlanta, Georgia. During his one session with the

psychiatrist, Respondent was given a prescription for a 30 day supply of Zoloft. The psychiatrist recommended that Respondent seek further care. Respondent obtained samples of Zoloft and took the drug for three months. He did not obtain follow up care. (T. 32, 208-209, 235-236).

7. While Respondent was a cardiology fellow at Harlem Hospital, his chief of service, Dr. Eric Vanderbush, observed that Respondent's personality was "quirky" and that he sometimes would continue a conversation after it had ended. On occasion, Respondent would follow Dr. Vanderbush as far as the subway station to continue a conversation which had ended. (T. 34, 39, 88-89, 152).

8. Respondent completed his fellowship in 1998, and for two years after he left Harlem Hospital, Respondent maintained contact with Dr. Vanderbush. (T. 157-158).

9. In 2000, Respondent visited Dr. Vanderbush twice at his Harlem Hospital office. During the first visit, Respondent asked Dr. Vanderbush questions about the movies and selling film scripts. Dr. Vanderbush told Respondent he knew nothing about such matters. Dr. Vanderbush was concerned about Respondent's mental status after this meeting, and decided that he would have a third person in the room or

within earshot of his office if Respondent returned. (T. 159-160).

10. When Respondent visited for a second time in 2000, he asked Dr. Vanderbush whether there were audio or video recording devices in the room, and whether any previous conversations had been recorded. Dr. Vanderbush told Respondent that he did not think there were such devices in the room. (T. 160).

11. Respondent then mentioned something about movies and told Dr. Vanderbush that he had written a movie script entitled "Debby Tinkles Dallas." Dr. Vanderbush told Respondent that this sounded like a pornographic film and that he could not help with script development. (T. 159-160).

12. In August, 2000, Respondent filed a lawsuit seeking \$1,000,000,000 in damages against Dr. Vanderbush, Paramount Pictures, 20<sup>th</sup> Century Fox and James Cameron. The lawsuit alleged that Respondent had "narrated" a story on audiotape which he intended to convert to a motion picture. According to Respondent, Dr. Vanderbush and the other defendants gained access to the audiotapes, copied the story and wrote the screenplay for the motion picture "Titanic". (T. 33-34, 160-161; Ex. #5).



13. Respondent also believed that he had similarly originated the ideas for the movies "Mission Impossible:2", and "Gone in 60 Seconds" and sued the director and studios involved in the production of these films. (T. 34).

14. While on duty at the VA Hospital on or about June 25, 2002, Respondent was reviewing a patient's echocardiogram when he heard a voice commenting to him on the patient's condition. Respondent believed that confidential information he dictated about the patient was being overheard, so he summoned the VA police to discuss these concerns. (Ex. #7, p.2).

15. On July 1, 2002, while on duty, Respondent heard voices speaking to him through the hospital's ventilation system and called the police. After the police arrive, Respondent was taken to the emergency room at another hospital. (T. 27, 217-218; Ex. #7, p. 2).

16. At the emergency room, Respondent was evaluated by Bumyong Lee, M.D., a psychiatrist. Dr. Lee prescribed Risperidone, an anti-psychotic medication, which Respondent refused. (T. 28; Ex. #3, p. 2).

17. Respondent was placed on medical leave from his position at the VA Hospital for approximately four weeks. (T. 220).

18. Respondent did not appear for a scheduled office visit with Dr. Lee on July 12, 2002. (T. 241-242; Ex. #3, p. 2).

19. During Respondent's visit on July 26, 2002, Dr. Lee noted that Respondent did not accept his illness or need for treatment, and that Respondent had returned to "nonclinical duty". Dr. Lee again prescribed Risperidone. (Ex. #3, p. 2).

20. On July 30, 2002, while working at the VA Hospital, Respondent heard a voice comment on the fact that he had moved from one chair to another. Respondent felt that he was being watched by someone outside of the room, and called the hospital's maintenance personnel. Respondent asked the maintenance personnel to check the lights in his office for video surveillance devices and to look inside the walls of his office for people who were speaking to him and watching him. (Ex. #7, p. 2).

21. During an August 2, 2002 visit with Dr. Lee, Respondent reported that he was taking his medication and that his auditory hallucinations had decreased. Respondent agreed to continue treatment, and Dr. Lee issued a medical statement approving Respondent for return to clinical duty. Dr. Lee

noted that Respondent should return for an office visit in three weeks, but Respondent never returned. (Ex. #3, p. 4).

22. On July 30, 2002, Respondent had his first visit with Inayat Alikhan, M.D., a psychiatrist. Respondent consulted Dr. Alikhan because he wanted a second opinion from an Indian doctor. (T. 30, 247-248; Ex. #4, p. 2).

23. On July 31, 2002, Dr. Alikhan noted a prescription for Risperdal 1 mg. twice a day for 15 days, and noted that Respondent should have a follow up visit in two weeks. (Ex. #4, p. 3).

24. Respondent's next visit to Dr. Alikhan was two months later on September 28, 2002. Dr. Alikhan changed Respondent's dose of Risperdal to 0.5 mg. and wrote a 30 day prescription. Dr. Alikhan indicated that Respondent should return to the office in one week. (Ex. #4, p. 4).

25. Respondent never returned to Dr. Alikhan's office. (T. 248-249; Ex. #4, p.4).

26. Respondent worked at the VA Hospital in Danville, Illinois until August of 2003. He did not consult with another psychiatrist in Danville after his last visit with Dr. Alikhan. (T. 223, 248-250, 269-270, 353).

27. Respondent entered into an agreement with the Office of Professional Medical Conduct ("OPMC") in which he

consented to a psychiatric evaluation at the Rush Behavioral Health Center ("Rush") in Chicago, Illinois. (T. 253-254).

28. Respondent's evaluation at Rush took place between October 13 and 15, 2003. (T. 23).

29. The evaluation consisted of a physical examination performed by a physician, psychological testing performed by a clinical psychologist, and a psychiatric examination performed by Stafford Henry, M.D. (T. 23-24).

30. Dr. Henry interviewed Respondent for two and one-half hours during the evaluation process. Dr. Henry also reviewed materials regarding Respondent that were sent to him by OPMC. Included among those materials were reports of OPMC interviews with Respondent and Dr. Vanderbush, as well as Dr. Alikhan's treatment records for Respondent. (T. 24-25, 67).

31. During the course of his interview with Dr. Henry, Respondent was evasive in his answers. Respondent would not tell Dr. Henry anything about his psychiatric consultation during his fellowship in West Virginia except to say that he sought treatment because he was "feeling stressed and depressed". (T. 31-32).

32. Throughout the interview, Respondent would pause for very long periods of time after hearing Dr. Henry's questions before answering. (T. 38).

33. Dr. Henry noted that Respondent's affect during his interview was clinically odd. When asked a serious question, Respondent would pause, smile, and then pause again before answering. (T. 37, 82-83).

34. Respondent initially denied that he was still hearing voices at the time of his interview with Dr. Henry. When Dr. Henry again questioned him concerning auditory hallucinations, Respondent claimed that he had last heard voices three months earlier. Ultimately, Respondent admitted that he had "recently" heard voices but they were of "no significance". (T. 35-36, 97-98).

35. During his interview with Dr. Henry, Respondent appeared to be hearing voices. He was distracted, unable to complete his thoughts and appeared to be responding to something he heard inside his head, as was evidenced by his smiling at inappropriate times. (T. 29-30, 83-84).

36. At the time of his evaluation at Rush, Respondent was not under a psychiatrist's care, but he claimed that he was taking Risperdal which he obtained as samples. He told Dr. Henry, however, that he was not psychiatrically ill and that he did not need anti-psychotic medication. (T. 32-33, 96, 227-228).

37. Dr. Henry discussed the lawsuits Respondent had filed. Respondent rationalized his actions by acknowledging that he "probably" should not have sued Dr. Vanderbush and the various movie producers because he now understood that there could be a "spontaneous production of the same idea in two minds". (T. 34).

38. Based upon his observations of Respondent during the evaluation, his review of the OPMC-provided materials, and the results of the evaluations performed by the other professionals at Rush, Dr. Henry determined that Respondent suffers from a psychiatric illness. (T. 38-39).

39. Dr. Henry diagnosed Respondent with paranoid schizophrenia, and determined that he is impaired for the practice of medicine. Dr. Henry also gave Respondent a differential diagnosis of bipolar disorder. (T. 38-39, 42, 45-46).

40. During 2000, Respondent was overtly psychotic. This was evidenced by Respondent's unwavering false belief that he had originated and dictated the premise for three movies and his lawsuits concerning those films. (T. 40-41).

41. Respondent was also actively psychotic in 2002 when he experienced auditory hallucinations while working at the VA hospital in Danville, Illinois. Respondent continued

to hear voices in 2003, and appeared to be hearing voices during his evaluation at Rush. (T. 41; Ex. #7, p.2).

42. Respondent's denial of his illness and resistance to treatment was demonstrated by his persistent failure to follow up on treatment recommendations by his psychiatrists in Danville, and by his insistence during his Rush evaluation that he did not need antipsychotic medication, or that he was ill. (T. 41-42).

43. In November of 2003, Respondent's previous attorney referred him to Dr. Patricia Maguire for a psychiatric evaluation. Respondent had one visit with Dr. Maguire. (T. 257-258).

44. In December of 2003, the attorney referred Respondent to another psychiatrist, Carol W. Berman, M.D., for a psychiatric evaluation to be provided to OPMC. (T. 259, 303, 345-346; Ex. O).

45. Respondent has been treated by Dr. Berman since December, 2003. (T. 259, 303; Ex. O).

46. Dr. Berman is board certified in psychiatry and neurology, and is a clinical instructor in psychiatry at the NYU Medical Center. (T. 298; Ex. P).

47. Respondent's current diagnosis for Respondent is obsessive-compulsive disorder ("OCD"), with borderline personality disorder. (T. 323).

48. Dr. Berman is seeing Respondent in her office every two to three weeks. (T. 322).

#### CONCLUSIONS OF LAW

Respondent is charged with two specifications alleging professional misconduct within the meaning of Education Law §6530, based upon his underlying psychiatric condition.

The Hearing Committee made the following conclusions of law pursuant to the factual findings listed above. All conclusions resulted from a unanimous vote of the Hearing Committee unless noted otherwise.

The Hearing Committee first considered the credibility of the various witnesses, and thus the weight to be accorded their testimony. Each side presented an expert. Both Dr. Henry and Dr. Berman are board-certified psychiatrists. They are both knowledgeable, and were found to be generally credible. Both agreed that Respondent has experienced psychotic episodes, although they disagree on his ultimate diagnosis.

Respondent also testified on his own behalf. His testimony was very troubling, as it demonstrated that he is



still very ill. He was unable to answer most questions without having them repeated several times. His inability to process information in a realistic and timely fashion makes his continued practice of medicine problematic.

The evidence established that Respondent practiced medicine for a period of years during which he was actively psychotic. The delusions and hallucinations Respondent experienced while practicing altered his perception of reality. In several instances while he was on duty at the VA hospital in Danville, Illinois, Respondent heard voices comment on patient care and his actions. During each of these hallucinations, Respondent was convinced that the voices he heard were real. Therefore, the Hearing Committee unanimously concluded that Respondent practiced medicine while impaired by a mental disability, in violation of N.Y. Education Law §6530(7). As a result, the Committee voted to sustain the first specification of professional misconduct set forth in the Statement of Charges.

The evidence also clearly established that Respondent is suffering from a psychiatric condition which continues to impair his ability to practice medicine. Although there may be disagreement between the experts regarding certain of his diagnoses, the evidence strongly suggests that he is suffering

from a severe, ongoing obsessive compulsive disorder (OCD). The severity of his illness was amply demonstrated by the fact that Respondent was continually unable to answer questions unless they were repeated multiple times. The Hearing Committee expressly rejected Dr. Berman's assertion that obsessive-compulsive behavior is an asset in a physician. (See, T. 336-337).

Moreover, it is clear that to a large extent, Respondent is still in denial as to the nature of his condition. This was evidenced by his continuing to categorize his delusions as mere "overvalued ideas". Until Respondent fully recognizes the nature and severity of his condition, his prognosis for recovery remains guarded. Based on the foregoing, the Committee unanimously concluded that the second specification of professional misconduct should be sustained.

#### **DETERMINATION AS TO PENALTY**

The Hearing Committee, pursuant to the Findings of Fact and Conclusions of Law set forth above, unanimously determined that Respondent's license to practice medicine as a physician in New York State should be revoked. This determination was reached upon due consideration of the full spectrum of penalties available pursuant to statute, including

revocation, suspension and/or probation, censure and reprimand, and the imposition of monetary penalties.

The evidence clearly established that Respondent is suffering from a serious psychiatric condition. His symptoms directly impact upon his ability to perceive reality and process information. Despite his recent treatment by Dr. Berman, Respondent has demonstrated only limited insight into the nature and severity of his illness.

The Hearing Committee is sympathetic to Respondent's plight, and regrets the necessity of revoking his medical license. However, the Committee's overriding responsibility is to protect the public from the potential harm that an impaired physician, such as Respondent, might cause. Under current law, Respondent may seek the restoration of his license three years following revocation. At that time, he will have the opportunity to demonstrate that he has been successfully treated and can resume his responsibilities as a physician.

ORDER

Based upon the foregoing, IT IS HEREBY ORDERED THAT:

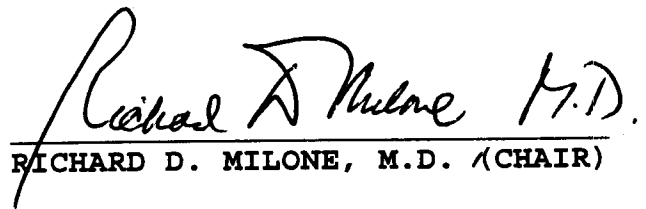
1. The First and Second Specifications of professional misconduct, as set forth in the Statement of Charges, (Petitioner's Exhibit #1) are SUSTAINED;

2. Respondent's license to practice medicine as a physician in New York State be and hereby is REVOKED;

3. This Determination and Order shall be effective upon service. Service shall be either by certified mail upon Respondent at Respondent's last known address and such service shall be effective upon receipt or seven days after mailing by certified mail, whichever is earlier, or by personal service and such service shall be effective upon receipt.

DATED: Troy, New York

*June 23*, 2004

  
RICHARD D. MILONE, M.D. (CHAIR)

ROBERT BRUCE BERGMANN, M.D.  
CHARLES AHLERS

TO: Nancy Strohmeier, Esq.  
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New York State Department of Health  
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Ralph A. Erbaio, Jr., Esq.  
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New York, New York 10017

Rao R. Suryadevara, M.D.  
38-01 149<sup>th</sup> Street  
Flushing, New York 11354

## **APPENDIX I**

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

IN THE MATTER  
OF  
RAO R. SURYADEVARA, M.D.

STATEMENT  
OF  
CHARGES

RAO R. SURYADEVARA, M.D., the Respondent, was authorized to practice medicine in New York State on or about August 2, 1994, by the issuance of license number 196779 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. From a time unknown to the Department of Health until and including the present, Respondent has suffered from a psychiatric condition and/or mental disability which impairs Respondent's ability to practice medicine.
1. Respondent has practiced medicine, and continues to practice medicine, while suffering from a psychiatric condition and/or mental disability.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**PRACTICING WHILE IMPAIRED**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(7) by practicing the profession while impaired by alcohol, drugs, physical disability, or mental disability as alleged in the facts of the following:

1. Paragraphs A and A1.

**SECOND SPECIFICATION**  
**HAVING A**  
**PSYCHIATRIC CONDITION WHICH IMPAIRS**  
**THE ABILITY TO PRACTICE**

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

2. Paragraph A.

DATED: March 15, 2004  
New York, New York

A handwritten signature in black ink, appearing to read "Roy Nemerson", written over a horizontal line.

Roy Nemerson  
Deputy Counsel  
Bureau of Professional  
Medical Conduct