



***New York State Board for Professional Medical Conduct***

*433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863*

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
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NYS Department of Health*

Dennis P. Whalen  
*Executive Deputy Commissioner  
NYS Department of Health*

Dennis J. Graziano, Director  
*Office of Professional Medical Conduct*

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*Chairman*

Michael A. Gonzalez, R.P.A.  
*Vice Chair*

Ansel R. Marks, M.D., J.D.  
*Executive Secretary*

*Public*

December 28, 2005

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

Ali Razi, M.B.B.S.  
7914 Marfield, Apt. E  
Baltimore, MD 21236

Re: License No. 001280

Dear Dr. Razi:

Enclosed is a copy of Order #BPMC 05-303 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect January 4, 2006.

**If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.**

Sincerely,

Ansel R. Marks, M.D., J.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Wilfred T. Friedman, Esq.  
36 West 44th Street, Suite 816  
New York, NY 10036

IN THE MATTER  
OF  
ALI RAZI, M.B.B.S

CONSENT  
ORDER  
BPMC No. 303

Upon the application of ALI RAZI, M.B.B.S. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is


ORDERED, that the Consent Agreement, and its terms, are adopted and  
SO ORDERED, and it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,  
Whichever is first.

SO ORDERED.

DATED: 12-27-05

  
KENDRICK A. SEARS, M.D.  
Chair  
State Board for Professional Medical Conduct

**IN THE MATTER  
OF  
ALI RAZI, M.B.B.S.**

**CONSENT  
AGREEMENT  
AND  
ORDER**

ALI RAZI, M.B.B.S, representing that all of the following statements are true, deposes and says:

That on or about September 27, 2000, I was issued a limited license, number 001280, by the New York State Education Department, to practice as a physician in the State of New York.

My current address is 7914 Marfield , Apartment E, Baltimore, Maryland, 21236, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct has charged me with two specifications of professional misconduct.

A copy of the complete Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I agree that I cannot successfully defend against the specifications. I agree to the following penalty: a Censure and Reprimand, and my full compliance for a period of two years with the Conditions attached hereto as Exhibit "B." This two year period of Conditions shall be tolled until I return to active practice in New York State.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain current registration of licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after

the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; and That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

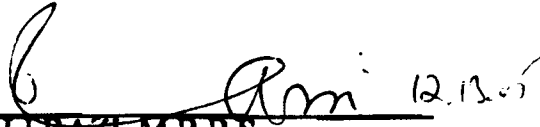
I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first.

The Order, this agreement, and all attached exhibits shall be public documents, with only

patient identities, if any, redacted.


I stipulate that the proposed sanction and Order are authorized by Public Health Law Sections 230 and 230-a, and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

DATED \_\_\_\_\_

  
ALI RAZI, M.B.B.S..  
Respondent

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

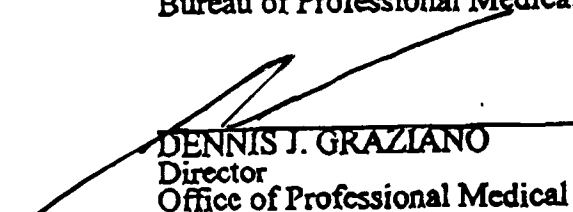
DATE: 12/16/05

  
WILFRED T. FRIEDMAN  
Attorney for Respondent

DATE: 12/16/05

  
VALERIE B. DONOVAN  
Assistant Counsel  
Bureau of Professional Medical Conduct

DATE: 12/21/05

  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

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

IN THE MATTER  
OF  
ALI RAZI, M.B.B.S.

STATEMENT  
OF  
CHARGES

Ali Razi, M.B.B.S., the Respondent, was authorized to practice medicine in New York State on or about September 27, 2000, by the issuance of limited license number 001280 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or around February 20, 2002, Respondent, an anesthesiologist, provided medical care to Patient A (patients are identified in Appendix A), at Buffalo General Hospital (BGH), Buffalo, New York. Patient A, a fifty year old male, was admitted to BGH for a biventricular pacemaker implantation. Respondent's care of Patient A did not meet acceptable standards of care in that:
1. Respondent failed to appropriately assess Patient A's airway and/or failed to document that he performed an airway assessment.
  2. Respondent failed to adequately describe the intubation of Patient A in the anesthesia record and/or failed to document the presence of anesthesia related complications in Patient A's anesthesia record.
  3. Respondent treated Patient A derogatorily and/or shouted and cursed at the nursing staff.
- B. On or around October 18, 2001, Respondent provided medical care to Patient B, a 73 year old female scheduled for retroperitoneal repair of an abdominal aortic

aneurysm at BGH. Respondent's care of Patient B, did not meet acceptable standards of care in that:

1. Respondent failed to document the specifics of the technique he used to insert the central venous pressure (CVP) line in Patient B's right internal jugular vein.
2. Respondent failed to adequately verify his suspicion that he had incorrectly placed Patient B's CVP line in her internal carotid artery.

### **SPECIFICATION OF CHARGES**

#### **FIRST SPECIFICATION**

##### **NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. The facts in paragraphs A and A.1, A and A.2, B and B.1, B and/or B.2.

#### **SECOND SPECIFICATION**

##### **FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the following :

2. The facts in paragraphs A and A.1, A and A.2 and/or B and B.1.



DATED: December 19, 2005  
Albany, New York

*Peter D. Van Buren*  
PETER D. VAN BUREN  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

## EXHIBIT "B"

### Conditions

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by New York State Education Law §6530 or §6531 shall constitute a violation of these conditions and may subject Respondent to an action pursuant to New York State Public Health Law §230(19).
2. Respondent shall maintain current registration of licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that such information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action.
4. Respondent shall cooperate fully with, and respond in a timely manner to OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
6. The time period of these conditions shall toll when Respondent is not engaged in active medical practice in New York State for a period of thirty (30) consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive thirty (30) day period. Respondent shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon Respondent's return to active practice in New York State, the time period of these conditions will resume and Respondent shall fulfill any unfulfilled terms of these conditions.
7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records and/or hospital charts; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
8. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
9. Respondent shall be subject to a Behavior Monitoring Program in his medical practice for a period of two (2) years, and this two year period will be tolled until Respondent returns to active practice in New York State. A behavior monitor shall be proposed by Respondent and subject to the written approval of the Director of OPMC. The behavior monitor shall not be a family member or

personal friend, or be in a professional relationship which could pose a conflict with supervision responsibilities. The behavior monitor should be a licensed or certified health care professional with experience dealing with professional behavior issues. The Behavior Monitor Program shall include, but not be limited to, completion of the Staff Survey Questionnaire, attached as Exhibit "B.1," by staff working with Respondent in his medical practice. Respondent shall distribute this form to all staff on a monthly basis. The behavior monitor will collect all survey forms during site visits to the office, and will review the forms and submit quarterly written reports to the Director of OPMC. These narrative reports shall address the information compiled on the forms, Respondent's on-duty conduct, and other matters regarding Respondent's practice as the behavior monitor deems appropriate to report, and as may be requested by OPMC. The Director of OPMC and the behavior monitor shall have full access to the information collected in the Behavior Monitoring Program and access to staff and other monitors to the extent necessary for monitoring.

10. Respondent shall ensure that the behavior monitor is familiar with the Order and terms of these conditions, and is willing to report to OPMC. Respondent shall ensure that the behavior monitor is in a position to regularly observe and assess Respondent's behavior in his office practice. The behavior monitor shall report within 24 hours any suspected impairment, inappropriate behavior, patient or staff complaints regarding behavior, or possible misconduct to OPMC.
11. Respondent shall comply with this Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or violation of these terms, the Director of OPMC and/or the Board may initiate any proceeding authorized by law against Respondent.

EXHIBIT "B.1"

STAFF FEEDBACK SURVEY

Staff Member's Name and Title (Please Print) \_\_\_\_\_

Institution \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

In order to monitor and prevent any personal behavior which may contribute to a hostile and/or unprofessional work environment, this Feedback Survey has been developed. This practice endorses your thoughtful, honest completion of this survey. Influence or input by practice management is not appropriate. These surveys are to be confidential. No individual employee decisions are effected by your response. Your answers should be based on your perception during the previous month. Please evaluate each area honestly, and circle the appropriate answer, and return the completed survey form directly to the behavior monitor.

Dr. Razi:

- |    |   |     |    |            |
|----|---|-----|----|------------|
| 1. | Deals with staff and patients in an ethical manner.                               | Yes | No | Don't Know |
| 2. | Is always professional and appropriate in his behavior toward patients and staff. | Yes | No | Don't Know |
| 3. | Has not evidenced agitated behavior toward patients or staff.                     | Yes | No | Don't Know |
| 4. | Has not been verbally or physically offensive.                                    | Yes | No | Don't Know |
| 5. | Is receptive to feedback regarding behavioral issues.                             | Yes | No | Don't Know |

Please include any specific comments below:

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Dr. Razi is aware of your completing this survey, and he agrees that your completed form is confidential and that you are to forward this form, irrespective of its content, directly to his behavior monitor during site visits or to the monitor at the following address:

You may also contact the behavior monitor immediately upon any inappropriate behavior or questionable conduct on the part of Dr. Razi.