

University of the  
Education



Public  
State of New York  
Department

IN THE MATTER

of the

Application of EVANGELOS A.  
CATSOULIS for restoration of his license  
to practice as a physician in the State of  
New York.

Case No. CP-10-13

It appearing that the license of EVANGELOS A. CATSOULIS, REDACTED  
, to practice as a physician in the State of New York, was revoked by  
Order of the State Board for Professional Medical Conduct, dated August 14, 2002, and he  
having petitioned the Board of Regents for restoration of said license, and the Regents having  
given consideration to said petition and having reviewed the record, and having agreed with and  
adopted the recommendations of the majority of the Peer Committee and the Committee on the  
Professions, now, pursuant to action taken by the Board of Regents on September 14, 2010, it is  
hereby

ORDERED that the petition for restoration of License No. 102576, authorizing  
EVANGELOS A. CATSOULIS to practice as a physician in the State of New York, is denied.



IN WITNESS WHEREOF, I, David M.  
Steiner, Commissioner of Education of the  
State of New York for and on behalf of the  
State Education Department, do hereunto set  
my hand and affix the seal of the State  
Education Department, at the City of  
Albany, this 24 day of January 2011.

REDACTED

Commissioner of Education

Case No. CP-10-13

It appearing that the license of EVANGELOS A. CATSOULIS REDACTED  
, to practice as a physician in the State of New York, was revoked by  
Order of the State Board for Professional Medical Conduct, dated August 14, 2002, and he  
having petitioned the Board of Regents for restoration of said license, and the Regents having  
given consideration to said petition and having reviewed the record, including his response to the  
draft report of the Committee on the Professions, and having agreed with and adopted the  
recommendations of the majority of the Peer Committee and the Committee on the Professions,  
now, pursuant to action taken by the Board of Regents on September 14, 2010, it is hereby

VOTED that the petition for restoration of License No. 102576, authorizing  
EVANGELOS A. CATSOULIS to practice as a physician in the State of New York, is denied.

THE UNIVERSITY OF THE STATE OF NEW YORK  
The State Education Department

Report of the Committee on the Professions  
Application for Restoration of Physician License

**Re: Evangelos A. Catsoulis**

Attorney: George Kehayas, Esq.

Evangelos A. Catsoulis, REDACTED  
petitioned for restoration of his medical license. The chronology of events is as follows:

- 10/07/68 Issued license to practice medicine in the State of New York.
- 01/15/02 Charged with professional misconduct by the Department of Health.
- 08/14/02 Determination and Order of the State Board for Professional Medical Conduct revoking New York medical license.
- 03/10/06 Application for restoration of license to practice medicine submitted.
- 03/14/08 Peer Committee restoration review.
- 05/27/08 Report and Recommendation of Peer Committee.
- 11/13/08 Committee on the Professions Restoration Review.
- 08/31/10 Report and Recommendation of Committee on the Professions

**Disciplinary History.** (See attached disciplinary documents.) On April 14, 1997 the applicant was found guilty of Assault in the 3<sup>rd</sup> Degree. He was sentenced to 30 days incarceration, 3 years probation, and restitution of \$1,700. A three-year order of protection was granted to his wife, daughter, and grandson. On January 15, 2002, the Department of Health charged the applicant with professional misconduct. The applicant was found guilty of one specification of gross negligence, one specification of gross incompetence and one specification of failure to maintain records based on his treatment of patient A. The applicant maintained patient A on three anti-coagulation medications for a long period of time, which increased the patient's risk of bleeding and which resulted in the patient's hemorrhaging and ultimate death. He was also found guilty of making false entries on this patient's medical record to mislead others who would be reviewing the record and of incomplete and inaccurate recordkeeping. Dr. Catsoulis was also found guilty of two specifications of fraudulent practice, for fraudulently completing two different employment applications where he answered "no"

to the question asking if he had ever been convicted of a crime, when in fact he had been convicted of Assault in the 3<sup>rd</sup> Degree. On August 14, 2002, the applicant's license was revoked.

On March 10, 2006, the applicant submitted the instant application for restoration of his physician license.

**Recommendation of the Peer Committee.** (See attached Report of the Peer Committee.) The Peer Committee (Norris, Lowinson, Robinson) recommended by a vote of 2-1 that Dr. Catsoulis' application for the restoration of his physician license be denied. The dissenting Peer Committee member recommended that, following the submission of proof that he had taken and passed the Special Purpose Examination (SPEX) offered by the Federation of State Medical Boards and the Step 2 Clinical Skills examination offered by the United States Medical Licensing Examination, the revocation of his license be stayed and that he be placed on probation for 2 years under specified terms. Upon successful completion of the terms of probation, Dr. Catsoulis' license would be fully restored.

**Recommendation of the Committee on the Professions.** On November 13, 2008, the Committee on the Professions (COP) (Hansen, O'Grady-Parent, Frey) met with Dr. Catsoulis to consider his application for restoration.

#### *Applicant's Statements to the COP*

The Committee asked Dr. Catsoulis to describe the reasons for the revocation of his license. Dr. Catsoulis explained that he had been practicing medicine since 1953 and had 40 years of practice in this country. He stated that, in 1999, he had an incident with a patient at the hospital, and the patient died. He told the COP that, prior to 1999, he had not been the subject of any charges of misconduct.

With regard to the 1999 incident, he explained that he knew the patient well and that he saw him regularly. Dr. Catsoulis reported that the patient had arthritis in both knees and an infection in both legs. He ordered anti-coagulation therapy to clear the infection. Dr. Catsoulis indicated that usually one anti-coagulant would be used in cases such as this, but that, in this case, the patient was receiving three anti-coagulants for an extended period of time. He reported that this took place because he did not realize that the patient was receiving Ecotrin (aspirin) and because the patient continued to receive Lovenox after he had ordered it to be discontinued. The patient was also receiving Coumadin at the same time. He explained that, although he had ordered the Lovenox to be stopped, the nurse continued to administer it and that he was not aware of this until two days before the patient died. He told the COP that, if the drug had been stopped as he had ordered, the patient would not have died. He also indicated that the hospital pharmacy failed to question the appropriateness of orders for three anti-coagulants and did not take steps to stop the dispensing of the medications. With regard to the charges against him based on his alteration of the patient's medical records, Dr. Catsoulis indicated that he was very upset by the patient's death and just wanted to clarify the record.

The Committee asked Dr. Catsoulis to elaborate on what happened on the day the patient died. He responded that he could not explain what happened. He said that there were many people involved and a number of different factors. When asked whether he looked at the chart after writing the order to discontinue the Lovenox, he said that the information would not have been on the chart but rather would have been on the medication administration record which was maintained separately from the chart. He told the COP that he did not check the medication administration record. He stated that he believed that the nurse on duty was very competent.

When asked whether he is currently teaching, he responded in the negative, reporting that he is studying molecular biology, including the molecular mechanisms of diseases, as a member of the New York Academy of Science. He told the COP that he is 80 years old and healthy and that he would like to continue his career in medicine, using his license to be able to offer his medical opinion based on what he knows and what he has done.

Dr. Catsoulis was asked by the Committee to comment on the fact that two of the members of the Peer Panel concluded that he still placed the blame for the 1999 misconduct on others. He explained that, as the physician, he is fully responsible. He did go on to point out, however, that the nursing staff failed to carry out his order to discontinue the heparin and that the pharmacy had an obligation to alert the hospital staff to the potential danger of the orders being submitted. He told the COP that he was guilty of failing to supervise the residents and the nursing staff.

The COP asked Dr. Catsoulis about the finding by the majority of the Peer Committee that his continuing education was insufficient. He responded that medicine has changed recently, with the focus shifting to the molecular mechanisms of disease, and that he has been studying those changes. He also stated that he has completed a great deal of continuing education, that he reads journals regularly, that he has covered every aspect of education in the last 6 years, and that he is willing to do anything else that is required of him.

Dr. Catsoulis explained that his life has revolved around medicine and his goal is to help people. He stated that it is difficult to accept what happened and that, to remedy the guilt that he feels, he went back to school. He told the Committee that he does not want to return to the same practice of medicine in which he engaged before the loss of his license. He stated that he wants to be able to make recommendations when asked for his medical opinion and that he needs his medical license in order to do so. He explained that this is important to him with respect to both his career and his life. He concluded by saying that he wants to be helpful and to make a contribution for the rest of his life.

#### *COP Recommendation*

The overarching concern in all restoration cases is the protection of the public. New York Education Law §6511 gives the Board of Regents discretionary authority to make the final decision regarding applications for the restoration of a professional license. Section 24.7 of the Rules of the Board of Regents charges the COP with submitting a recommendation to the Board of Regents on restoration applications.

Although not mandated by law or regulation, the Board of Regents has instituted a process whereby a Peer Committee first meets with an applicant for restoration and provides a recommendation to the COP. A former licensee petitioning for restoration has a significant burden of satisfying the Board of Regents that there is a compelling reason that licensure should be granted in the face of misconduct that resulted in the loss of licensure. There must be clear and convincing evidence that the petitioner is fit to practice safely, that the misconduct will not recur, and that the root causes of the misconduct have been addressed and satisfactorily dealt with by the petitioner. It is not the role of the COP to merely accept, without question, the arguments presented by the petitioner, but to weigh and evaluate all of the evidence submitted and to render a determination based upon the entire record.

The COP concurs with the recommendation of the majority of the Peer Committee that Dr. Catsoulis' application for the restoration of his medical license be denied. We find that Dr. Catsoulis' inability to explain the cause of the error that resulted in the patient's death disconcerting. There was no clear explanation of why he changed the patient's medical record by writing in Lovenox. While he expressed remorse about what happened and stated that he accepted responsibility for failing to supervise the nursing staff and the pharmacy, he continued to blame them for the errors that led to a patient's death.

We are also concerned that Dr. Catsoulis has been out of practice since 2002. While he has engaged in many re-education activities, including his self-study efforts, we share the concern expressed by the Office of Professional Medical Conduct and the majority of the Peer Panel about the lack of a comprehensive review program in internal medicine, pharmacology, and risk management/medical recordkeeping. In the absence of such a program or an independent comprehensive competency evaluation and the completion of any resulting recommendations, Dr. Catsoulis has failed to present a compelling argument to meet his burden of establishing that he has engaged in sufficient re-education and rehabilitation and that he is fit to practice safely at this time.

Therefore, after a careful review of the record and its meeting with Dr. Catsoulis, the Committee on the Professions voted unanimously to deny his application for the restoration of his license to practice as a physician in the State of New.

Stanley Hansen, Chair  
Erin O'Grady-Parent  
Joseph Frey

**GARBARINI & SCHER, P. C.**

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\* MICHIGAN

August 10, 2010

State Education Department  
Office of the Professions  
Committee on the Professions  
West Wing, 2nd Floor  
89 Washington Avenue  
Albany, NY 12234-1000

Attn: Seth Rockmuller

VIA OVERNIGHT MAIL

**Re: Evangelos A. Catsoulis, M.D.**

Dear Mr. Rockmuller:

As you know, we represent Dr. Catsoulis with reference to his pending request for reinstatement of his licence dating back to 2006. We are in receipt of your correspondence dated July 27, 2010, with the annexed recommendation of the Committee on the Professions and thank you for same.

We respectfully disagree with the recommendation of the Committee on the Professions and are submitting this response pursuant to Section 24.7(a)(2)(i) accordingly. We feel that the recommendation of the Committee does not take into account the five decades of Dr. Catsoulis' outstanding service and medical practice prior to this isolated event at issue and places a disproportionate amount of weight on this one error and lapse in judgment in this unfortunate incident. Dr. Catsoulis has extreme remorse for this incident and has accepted full responsibility for it. Dr.

Catsoulis has continued with his medical education, keeping abreast of the recent developments in his field and in medicine. He is eager to have his license restored for the purpose of continuing with his participation in the field of academic medicine in a more comprehensive manner.

The Committee on the Professions has cited concerns with the explanation by Dr. Catsoulis of the events leading up to the patient's death, the explanation of the writing of Lovenox in the patient's chart by Dr. Catsoulis, the acceptance of responsibility by Dr. Catsoulis and the re-education and rehabilitation of Dr. Catsoulis. Dr. Catsoulis did the best he could in seeking to explain this unfortunate incident. He was not trying to blame anyone else and never tried to be deceptive. He is a committed medical professional who continues to learn and be involved in the field of medicine academically to the extent he can. The following seeks to clarify the concerns of the Committee and show that Dr. Catsoulis is worthy of having his license restored, in whatever limited or conditional manner the Board of Regents deems just.

First, with regard to the events leading to the patient's death, Dr. Catsoulis has explained that it was his fault and he is extremely remorseful. The failure to discontinue the Lovenox was due to the misinterpretation of the order as written by Dr. Catsoulis. While Dr. Catsoulis wrote that Heparin should be discontinued with the intention of discontinuing the Lovenox, (as Lovenox is a fractionated micro-molecular Heparin), the order was confusing as written and was not interpreted as such. Dr. Catsoulis acknowledges this was his error and is not seeking to blame anyone else.

Dr. Catsoulis had provided anticoagulant treatment to many of his patients without any adverse incident. He has full knowledge of the manner in which to treat venous thromboses. In this case, when the Coumadin INR level reached 2.5 - 2.8, Dr. Catsoulis timely wrote an order to stop the Subcutaneous Heparin (Lovenox). Unfortunately, he erred in not writing the order more specifically.

Second, Dr. Catsoulis, a few hours after the loss of his patient and in the presence of the risk management officer of the hospital, added the word Lovenox in the order sheet next to the word Heparin. At that time, he wanted to make the point that Lovenox is a micromolecular Heparin and that Heparin and Lovenox are pharmacologically similar forms of the same substance. He did not intend to alter the chart or deceive anyone. He realizes that he should not have written in the chart at that time and should have, at the very least, dated and timed the entry when he was making it. He was not thinking clearly at that time. He had been treating this patient and his family for a period of 23 years and had grown close to them and was very distraught.



Third, Dr. Catsoulis is clearly remorseful for his actions and realizes that he has no one but himself to blame. In prior proceedings, he was simply trying to explain how his order was misinterpreted based upon the lack of clarity in writing the order as such. Dr. Catsoulis never intended to lay the blame anyone else and realizes that he has no one but himself to blame. Words cannot be adequately used to express the level and depth of his remorsefulness.

Lastly, with regard to Dr. Catsoulis' re-education and rehabilitation, he has and continues to participate in many programs, lectures and certification procedures. We are enclosing additional recent documentation to show his continuing education, inclusive of certifications showing his participation in and completion of educational activities. Amongst the journals he studies and takes certification examinations for on a regular basis, is the renowned and prestigious New England Journal of Medicine, which includes articles in recent developments in internal medicine, pharmacology, risk management, genetics, epigenetics, and bioinformatics.

Dr. Catsoulis remains very active in various medical and science associations and is continuously seeking to learn and better himself. He attends and participates in seminars on a regular basis, among which are seminars sponsored by New York University School of Medicine, Rockefeller University and New York Academy of Science. Molecular Medicine, Genetics, Epigenetics, Proteomics and Metabolomics are among the topics covered at the seminars which Dr. Catsoulis has attended here and abroad. Dr. Catsoulis is actively involved in academic medical activities as an Emeritus Physician at NYU School of Medicine in the Departments of Internal Medicine, Rheumatology and Immunology. He regularly attends and participates in discussions during medical grand rounds and advanced seminars. He is an avid reader of weekly periodicals, such as: Cell, Nature, Nature Medicine, Science and the New England Journal of Medicine. He also regularly reads the monthly journals of Arthritis and Rheumatism, Trends in Immunology and several other journals. If there is any specific educational class, seminar or program the Board feels Dr. Catsoulis should complete, he would be happy to do so and make it a condition of his license restoration.

Dr. Catsoulis was a practicing physician for approximately 50 years, with an unblemished record, when this unfortunate incident occurred. He clearly made an error and exercised a lapse in judgment. He has suffered for this by having lost his license for 8 years. He is an 82 year old man, who remains in excellent physical and mental health. Dr. Catsoulis feels shame for his actions and wishes to restore some pride and dignity in his later years of life. He is not looking to practice medicine as before. Rather, he has and wishes to continue being involved in the field of medicine academically. Having his license restored, in whatever limited capacity you deem just, would allow him to do this in a more comprehensive manner and to better impart his knowledge to his colleagues in the field.

We feel that the recommendation of the Committee on the Professions does not sufficiently take Dr. Catsoulis' entire career into account and places disproportionate weight on Dr. Catsoulis' one error and lapse in judgment. Since his application for the restoration of his license six years ago, Dr. Catsoulis has cooperated with this process throughout. He has tried to explain the events which led to the patient's unfortunate death as best as he could and has accepted responsibility for his actions. Dr. Catsoulis has continued his participation with medical education and stands ready to comply with whatever testing or supervision requirements the Board may request as part of any hoped-for restoration. We hope that the Board of Regents takes all of the above and Dr. Catsoulis' entire career into account in rendering its decision.

Once again, we reiterate our thanks to you and the Committee members who have courteously and professionally provided consideration to Dr. Catsoulis' application throughout this process.

Very truly yours,

REDACTED

Bill Gianaris

Encl.



The NEW ENGLAND  
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Zalman S. Agus, MD

Associate Dean, Continuing Medical Education

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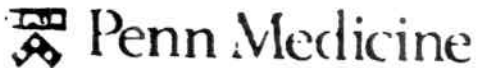
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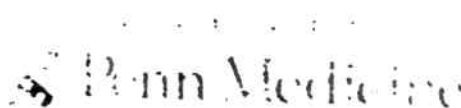
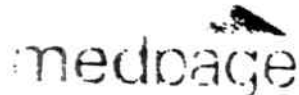
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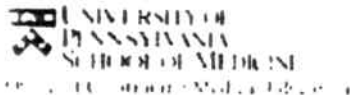
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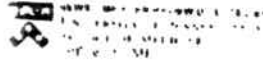
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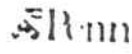
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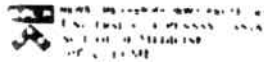
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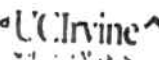
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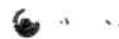
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## CERTIFICATE OF ATTENDANCE

The present document certifies that **Dr. Evangelos Catsoulis** participated in all sessions and meetings of the **3<sup>rd</sup> World Congress of the Global Hellenic & Biosciences Network**.

The Congress was held, under the initiative of the Minister of Health & Social Solidarity Mr. Dimitrios Avramopoulos, in Athens at the Congress Hall of the Grand Resort Lagonissi from the 3<sup>rd</sup> until the 5<sup>th</sup> of September 2009.



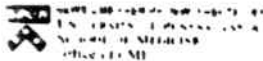
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# The University of the State of New York

NEW YORK STATE EDUCATION DEPARTMENT  
OFFICE OF PROFESSIONAL RESPONSIBILITY  
STATE BOARD FOR MEDICINE

-----X  
In the Matter of the Application of

**Evangelos A. Catsoulis, M.D.**

REPORT OF  
THE PEER  
COMMITTEE  
CAL. NO. 23603

for the restoration of his license to practice  
as a physician in the State of New York.

-----X

**Evangelos A. Catsoulis**, hereinafter also known as the applicant, was previously licensed to practice as a physician in the State of New York by the New York State Board of Regents. The applicant's license was revoked by the Office of Professional Medical Conduct, New York State Health Department, as a result of a professional misconduct proceeding, and he has applied for restoration of his license.

### Chronology of Events

- 10/07/68 Issued license no. 102576 to practice medicine in the State of New York.
- 04/14/97 Found guilty after a jury trial of Assault in the 3<sup>rd</sup> Degree in violation of New York Penal Law. Sentenced to 30 days incarceration, 3 years probation, and

restitution of \$1700. A three-year order of protection was granted to his wife, daughter, and grandson.

01/15/02 Charged with professional misconduct by the Department of Health.

08/14/02 Determination and Order BPMC No. 02-250, sustained one specification of gross negligence, one specification of gross incompetence, two specifications of fraudulent practice, and one specification of failure to maintain records.

License was revoked.

08/21/02 Effective date of revocation.

03/10/06 Application for restoration of license to practice medicine submitted.

03/14/08 Peer Committee restoration review.

### **BACKGROUND INFORMATION**

The written application with supporting papers provided by the applicant, and papers resulting from the investigation conducted by the Office of Professional Discipline (OPD), were compiled by the prosecutor from OPD into a packet that was distributed to this Peer Committee in advance of its meeting and also provided to the applicant.

Listed below is information from that packet, which was also submitted as Exhibit OPD 1 on the day of the meeting. Further details pertaining to these documents may be found therein.

### **PRIOR DISCIPLINARY HISTORY**

#### **Action by State Board for Professional Medical Conduct**

#### **Case No. BPMC 02-250**

On January 15, 2002, the applicant was charged by the Office of Professional Medical Conduct (OPMC) with professional misconduct. An amended statement of charges was thereafter served on February 19, 2002, setting forth five specifications of misconduct.

The applicant served a formal answer to the charges of misconduct through his attorneys, LaBarbera & Lambert, PC, wherein the applicant denied the charges.

On August 14, 2002, an order of the Office of Professional Conduct, New York State Health Department, was issued which revoked the applicant's license to practice medicine.

**OMPC Hearing Committee**

The OPMC held hearings concerning charges against the applicant for violations of New York State Education Law §6530 in March, April, and May 2002. The OPMC Hearing Committee determined that the applicant was guilty of one specification of gross negligence, one specification of gross incompetence, two specifications of fraudulent practice, and one specification of failure to maintain records.

The Hearing Committee's determination that the applicant was guilty of gross negligence and gross incompetence stemmed from his treatment of Patient "A," whom he had admitted to Lenox Hill Hospital for treatment of various problems, including peripheral vascular disease, osteoarthritis of both knees, a draining fistula, and an open ulcer to his leg. Patient A was admitted to the hospital on June 6, 1999, and died on June 24, 1999 from a retro-peritoneal hemorrhage which was caused by an inappropriate anti-coagulation regimen.

When Patient A was admitted to the hospital his history indicated that he was taking Ecotrin (aspirin) as well as several other medications. Medication orders at the hospital included a continuation of Ecotrin for Patient A. although respondent claimed at the hearing that he was

unaware that Patient A was on Ecotrin. Patient A was maintained on Coumadin and Lovenox, an anti-coagulant which is a low molecular weight form of Heparin, as well as the Ecotrin, from June 7, 1999 through June 22, 1999. The Hearing Committee found that it was a gross departure from minimally accepted standards of care for respondent to maintain Patient A on those three medications for such a long period of time, since all three are anti-coagulation medications. To do so dangerously increased the patient's risk of bleeding and indeed resulted in the patient's hemorrhaging and ultimate death. The Hearing Committee also found that respondent had not properly monitored or managed the care of Patient A, noting that the interactions of the three drugs being given to Patient A was something which should have been within common, everyday medical knowledge. The Hearing Committee further found that respondent had, following Patient A's death, made additional entries on Patient A's medical records that were false and made to mislead others who would be reviewing the record, in an attempt to shift the blame for the patient's death to other staff members. The Hearing Committee found that the actions listed above constituted both gross negligence and gross incompetence.

The Hearing Committee sustained a charge against the applicant for failure to maintain medical records, based on their conclusion that the medical record of Patient A, as maintained by the respondent, was incomplete and inaccurate. The committee also determined that the applicant's alterations to the medical records, as noted above, constituted fraudulent practice.

Finally, the Hearing Committee sustained additional charges against the applicant for fraudulent practice based on his completion of two different employment applications. One was an application for re-appointment to the medical staff of Cabrini Medical Center, which he signed on August 20, 1997, wherein he had an answer "No" to question number 13 on the application. which

had asked if he had ever been convicted of committing an act constituting a crime under New York State Law. The Hearing Committee found that response to be fraudulent since the respondent had been found guilty of committing the crime of assault in the third degree for a crime committed on April 14, 1997. The Hearing Committee also found that Dr. Catsoulis had falsely responded to a similar question in an application for reappointment to the medical staff of Cabrini Medical Center which he had completed on August 5, 1999.

Based on the above findings, the applicant's license was revoked in an order dated August 14, 2002.

### **APPLICATION FOR RESTORATION**

The applicant submitted a restoration application dated March 10, 2006, with attachments, some of which are summarized below.

#### **Continuing Medical Education**

The applicant submitted proof of having taken over 400 credit hours of continuing medical education courses. The majority of the courses dealt with rheumatology and about half were taken through the New England Journal of Medicine.

#### **Supporting Affidavits**

The Applicant submitted six affidavits in support of his application. All of the affidavits were from physicians, most of whom had known the applicant for over 20 years. The affidavits attested to the fact that the applicant had spent a great deal of time reading medical journals and attending seminars at the New York University Medical School and the New York Academy of Science, as well as attending grand rounds and working rounds.

#### **Additional Attachments**

The applicant provided a personal statement with his application in which he set forth his remorse over the events that lead to the death of patient A. He also described his attempts to rehabilitate himself with respect to his competency to practice medicine by subscribing to and reading numerous medical/scientific journals, and by taking continuing education courses and attending lectures and other activities. An additional statement by the applicant was included dated May 31, 2007, in which he explained his answer to a question about criminal convictions on his application for restoration.

**DEPARTMENT'S EXHIBITS**

**OPD Investigators Reports**

The Investigator's Case Summary Report dated July 10, 2007 included a review of the supporting affidavits provided by the applicant, and a review of his case before the OPMC, the results of a criminal records search indicating that the applicant had no other criminal convictions besides the assault conviction from 1997, and the results of a professional discipline search which indicated that there had been no other disciplinary cases regarding the applicant.

**Records From the Office of Professional Medical Conduct, New York State Health Department**

These records were referenced previously in setting forth applicant's prior disciplinary history.

**Letter from Keith Servis, Director of Professional Medical Conduct, dated September 26, 2007**

The Office of Professional Medical Conduct took the position that the applicant had not set forth sufficient evidence that he had corrected the deficiencies that had lead to the conduct that had resulted in the loss of his license. They recommended that, before his license was restored, he be required to take an independent comprehensive competency evaluation and follow any

recommendations they prescribed. They also suggested that he be required to take additional education courses and be subject to a period of probation and supervisory oversight.

**Other Pertinent Documents**

- App. Ex. A New England Journal of Medicine of November 29, 2007
- App. Ex. B Additional continuing education courses taken by the applicant in 2007 to 2008 of approximately 22 credit hours.

**PEER COMMITTEE MEETING**

On March 14, 2008, this Peer Committee met to consider this restoration matter. The applicant appeared before us personally and was represented by George Kehayas, Esq. of Garbarini & Scher, P.C. Yiguan Li, Esq. represented the Division of Prosecutions, OPD.

Dr. Catsoulis was the only witness to testify at his hearing. He testified, by way of background, that he had received his initial medical education in Athens. He migrated to the United States where he interned in Washington D.C. He did his residency at Seton Hall School of Medicine in New Jersey before transferring to New York University. He then went to Europe, but later returned to the United States where he maintained a private medical practice in New York and was an attending physician at Lenox Hill Hospital, Cabrini Medical Center, and Bellevue Hospital. Dr. Catsoulis emphasized that he had been in practice since 1965 and had had no problems at all until the events in 1999 concerning the patient whom we have referred to as Patient A.

With respect to Patient A, Dr. Catsoulis admitted that he had over looked things regarding his care and management. He admitted that if he had been overseeing things properly, the patient would not have died. He explained that a nurse had misunderstood his order concerning Lovenox.

but responsibility ultimately was his. When asked why he had overlooked the fact that Patient A was on three anti-coagulation drugs, Dr. Catsoulis indicated that he did not know why he had overlooked that.

Dr. Catsoulis stated that he was greatly saddened by the death of Patient A, indicating that it was "a dark spot in his life" which would guide him to the "grave." In order to turn that very negative experience into a positive, he has spent a great deal of time educating himself and is learning molecular medicine. He attends seminars at the New York Academy of Science. He also attends grand rounds and weekly rounds at the New York University Medical School, where he used to teach. He can no longer teach at the present time without a license. He has accumulated numerous CME hours and has diligently read the New England Journal of Medicine, as well as other journals, to further his education. When asked why he had not taken a comprehensive review program in internal medicine, pharmacology or risk management medical record keeping, as was suggested by the New York State Department of Health in its letter of September 26, 2007, Dr. Catsoulis responded that he had read many articles on internal medicine and pharmacology in the New England Journal of Medicine, some of which were directly related to the negligent treatment of Patient A. He also had taken courses that dealt with accurate record keeping at the New York Academy of Medicine, New York University. He believed that the actions he was taking to re-educate himself were in compliance with the letter from the Health Department.

Regarding his actions wherein he had changed entries in Patient A's medical records and been found guilty of fraudulent practice, Dr. Catsoulis explained that he had been very distraught at that time due to the death of Patient A. He stated that he had not intended to alter the document. He was making further notes in the record and was not hiding his actions. The note making occurred



in front of the Risk Management person at the hospital, whom he believes could have advised him at that time what proper method to use to supplement a record. Dr. Catsoulis stated that he felt that the hospital had let him down. His privileges were suspended at the hospital a week after Patient A died, despite the fact that he had practiced there for 28 years. Although he was ultimately responsible for Patient A's death, he believed that many others were also involved, and they had tried to escape responsibility.

Dr. Catsoulis, as an explanation for his responses on the applications to Cabrini Hospital, where he had responded "no" to whether he had any criminal convictions, stated that he had not spoken to an attorney before completing the form, and had misunderstood the phraseology concerning the questioning. The conviction itself for assault concerned an altercation in 1997. His wife had been in a fight with someone else and he interceded to break it up. Following his conviction, he spent a few days in jail, paid a fine, and then was on probation for three years.

When asked if he had performed any community service, Dr. Catsoulis testified that he was only involved in medical organizations and his church, but had participated in the Hellenic Medical Society, which was a group that helped young physicians to enter medicine. With respect to counseling, Dr. Catsoulis testified that he had been to a psychiatrist once. Dr. Catsoulis testified that he felt that he was competent to return to medical practice at the present time. He stated that he wanted to do consultation work, but not hospital based.

In presenting his closing argument, Mr. Li indicated that OPD opposed Dr. Catsoulis' application for restoration. Mr. Lee argued that Dr. Catsoulis had shown no real remorse and that he placed the blame for Patient A's death on the hospital and its personnel. He also argued that Dr. Catsoulis had failed to take a comprehensive review course in internal medicine, pharmacology, and

medication administration as had been suggested by the Health Department. He took the position that Dr. Catsoulis was not any more competent today than he was at the time he was treating Patient A, and noted that the ultimate goal of the hearing was to protect the citizens of New York from deficient medical care.

Mr. Kehayas, in his closing on behalf of Dr. Catsoulis, argued that Dr. Catsoulis had demonstrated that he was remorseful for the acts that led to the loss of his license and that he had done everything reasonable, in his power, to re-educate himself. He pointed out that Dr. Catsoulis had a long successful medical career before the single event that occurred in 1999, and that he should be given a chance to end his medical career in the same manner. Mr. Kehayas also noted that the Health Department had not opposed Dr. Catsoulis' restoration, but had simply suggested certain conditions to that restoration. Mr. Kehayas indicated that Dr. Catsoulis would be willing to follow whatever recommendations that would be made by the committee with respect to continuing education and the taking of a comprehensive review program in internal medicine, along with probation.

#### RECOMMENDATION

We have reviewed the entire record in this matter, including the written materials received before and during our meeting. In arriving at our recommendation, we note that, in a licensure restoration proceeding, the burden is on the applicant to demonstrate that which would compel the return of his license. Greenberg v. Board of Regents of University of New York, 176 A.D.2d 1168. In reaching our recommendation, we consider whether the applicant has demonstrated sufficient remorse, rehabilitation, and re-education. However, we may consider other factors, particularly the

seriousness of the original offense, and our judgment as to whether the health and safety of the public could be in jeopardy should the application be granted.

In our meeting, we had the opportunity to observe, evaluate, and question Dr. Catsoulis personally. It is the determination of the majority of the panel members, Dr. Joyce Lowinson and Benjamin Robinson, that the applicant has not met his burden of demonstrating entitlement to restoration of his license. It is the determination of the third panel member, Dr. James Norris, that petitioner has proven his case and is entitled to restoration of his license upon specified terms.

**Reason for the majority recommendation**

It is the feeling of the majority that the grounds upon which the applicant lost his license were extremely serious, since they involved gross negligence and gross incompetence which led to the death of a patient. The fraudulent practice charges are also weighty offenses. We believe the applicant should have undergone earnest and substantial efforts in order to make his case for restoration. We found that the applicant's proof was not sufficient to convince us that he is entitled to a return of his license at this time.

With respect to remorse, although the applicant expressed remorse at the hearing for his failure to provide sufficient oversight of the treatment provided to Patient A while he was in the hospital, we still found that he needed to pass the blame onto others and minimize his own actions. He specifically denied altering Patient A's medical records, claiming that he was only adding to the record and was unfamiliar with the proper way to do so. Although the applicant is entitled to deny his past guilt, we still look for some acknowledgment from the applicant of the seriousness of the public record and his need to convince us of his trustworthiness to have his license restored.

We believe that the health and safety of the public could be in jeopardy if Dr. Catsoulis' application for restoration were granted. Although he has taken numerous continuing medical education courses, we do not see, as pointed out by the Department of Health, that he has taken a concentration of specific courses relating to the area of medicine that led to the death of Patient A and the loss of his license. We believe that Dr. Catsoulis should have taken a comprehensive review program in internal medicine, pharmacology, and risk management/medical record keeping, as was suggested by Mr. Servis of the Office of Professional Medical Conduct, as well as courses in ethics. We do not believe that Dr. Catsoulis provided enough proof of rehabilitation. We also felt that he lacked insight into why his actions occurred. He admitted that he had not sought formal counseling with respect to his actions, other than to have seen a psychologist on one occasion. He also did not do any volunteer work and minimal community service.

We note that it is the applicant's burden to submit evidence that would compel a discretionary vote to restore his license, since the restoration of a license "is permissive and will be granted only in exceptional cases." Chaudrey v. Mills, 285A.D.2d 849. See also Nehorayoff v. Mills, 95 NY2d 671. We simply do not believe that the applicant has met his burden of demonstrating sufficient remorse, re-education and rehabilitation to warrant reinstatement of his license.

**Reason for Minority Recommendation**

It is the position of the minority peer committee member that the applicant did show sufficient remorse at the hearing concerning the various events that led to the loss of his license, although he felt that the applicant was an individual who had difficulty expressing his feelings. The minority member felt that the applicant had demonstrated a dedicated attempt to rehabilitate and re-educate himself by taking numerous medical education courses and attending lectures and grand rounds at

various hospitals. The minority member felt that the fraudulent practice actions could have been a result of a misunderstanding about completing forms. Furthermore, the minority member put great weight on the fact that the applicant had practiced medicine for over 40 years with no malpractice actions filed against him or other disciplinary actions, other than regarding the events that occurred in 1999. The minority member felt that the applicant's acts of negligence at that time could have been an aberration, and not something that should ruin his career indefinitely. The minority member also found the applicant's actions in pursuing a path to re-educate himself, to be commendable.

However in order to address the valid concerns of the Health Department, the minority member recommends that the applicant's application for restoration of his license be granted only after he has submitted proof, satisfactory to the Director of the Department of Health, Office of Professional Medical Conduct, that he has taken and passed the Special Purpose Examination (SPEX) offered by the Federation of State Medical Boards, and the Step 2 Clinical Skills (CS) examination offered by the United States Medical Licensing Examination. Following submission of this proof, the revocation of the applicant's license to practice as a physician would be stayed, and the applicant would be placed on probation for two years under the terms of probation attached hereto and marked as exhibit "A". Upon successful completion of the terms of probation, the applicant's license would be fully restored.

Respectfully submitted,

James Norris, MD. Chair  
Joyce Lowinson, MD  
Benjamin Robinson, Esq.

REDACTED

Chairperson

Dated

May 27, 2008

**EXHIBIT "A"**

**TERMS OF PROBATION  
Of THE PEER COMMITTEE**

**Evangelos Catsoulis**

**CASE NO. 23603**

1. That applicant, during the period of probation, shall be in compliance with the standards of conduct prescribed by the law governing applicant's profession;
2. That applicant shall submit written notification to the Director, Office of Professional Medical Conduct (OPMC), 433 River Street-Suite 303, Troy, NY 12180-2299, of any employment and/or practice, applicant's residence, telephone number, or mailing address, and of any change in applicant's employment, practice, residence, telephone number, or mailing address within or without the State of New York;
3. That applicant shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that applicant has paid all registration fees due and owing to the NYSED and applicant 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 applicant to the Department of Health (DOH), addressed to the Director, Office of Professional Medical Conduct (OPMC), as aforesaid, no later than the first three months of the period of probation;
4. That applicant shall submit written proof to the DOH, addressed to the Director, OPMC, as aforesaid, that 1) applicant is currently registered with the NYSED, unless applicant submits written proof that applicant has advised DPLS, NYSED, that applicant is not engaging in the practice of applicant's profession in the State of New York and does not desire to register, and that 2) applicant has paid any fines which may have previously been imposed upon applicant by the Board of Regents or pursuant to section 230-a of the Public Health Law, said proof of the above to be submitted no later than the first two months of the period of probation;
5. That applicant shall, at his own expense, enroll in and diligently pursue a 3 credit hour course in ethics and a 3 credit hour course in medical record keeping, said courses to be selected by applicant and previously approved, in writing, by the Director of the Office of Professional Medical Conduct, said courses to be satisfactorily completed during the 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;
6. That applicant shall make quarterly visits to an employee of the OPMC. DOH, unless

otherwise agreed to by said employee, for the purpose of said employee monitoring applicant's terms of probation to assure compliance therewith, and applicant shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring;

7. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the OPMC may initiate a violation of probation proceeding.