



New York State Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Charles J. Vacanti, M.D.
Chair

March 13, 1996

CONFIDENTIAL

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Kamlesh Aggarwal, M.D.
123 West Sixth Street
East Liverpool, Ohio 44920

Re: License No.126226

Dear Dr. Aggarwal:

Effective Date March 20, 1996

Enclosed please find Order #BPMC 96-50 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

Charles J. Vacanti, M.D.

Chair

Board for Professional Medical Conduct

Enclosure

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

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IN THE MATTER :
OF : ORDER
KAMLESH AGGARWAL, M.D. : BPMC #96-50

-----X

Upon the Application of KAMLESH AGGARWAL, M.D., to Surrender his license as a physician in the State of New York, which application is made a part hereof, it is

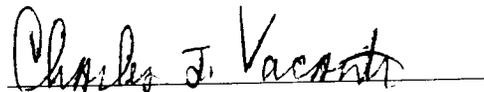
ORDERED, that the application and the provisions thereof are hereby adopted; it is further

ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Order shall take effect as of the date of the personal service of this Order upon Respondent, upon receipt by Respondent of this Order via certified mail, or seven days after mailing of this Order via certified mail, whichever is earliest.

SO ORDERED,

DATED: 11 March 1996



CHARLES J. VACANTI, M.D.
Chairperson
State Board for Professional
Medical Conduct

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

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
KAMLESH AGGARWAL, M.D., : LICENSE
Respondent :

-----X

STATE OF OHIO)

ss.:

COUNTY OF COLUMBIANA)

KAMLESH AGGARWAL, M.D., being duly sworn, deposes and says:

On or about January 23, 1976, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 126226 by the New York State Education Department.

I am not currently registered with the New York State Education Department to practice as a physician in the State of New York.

I understand that I have been charged with two Specifications of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A".

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I do not contest the allegations set forth in the Statement of Charges (EXHIBIT A).

I hereby make this application to the State Board for Professional Medical Conduct and request that it be granted.

I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way, and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

I agree that in the event the State Board for Professional Medical Conduct grants my application, an order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me.

I am making this Application of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.



KAMLESH AGGARWAL, M.D.
Respondent

Sworn to before me this
27th day of February, 1996



NOTARY PUBLIC
My Commission Expires
August 28, 1997
Kathryn E. Watkins
Notary Public

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

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
KAMLESH AGGARWAL, M.D., : LICENSE
Respondent :

-----X

The undersigned agree to the attached application of the Respondent to surrender his license.

Date: 2/27, 1996 *Kamlesh*
KAMLESH AGGARWAL, M.D.
Respondent

~~Date: _____, 1996
_____, Esq.
Attorney for Respondent~~

Date: 3/6, 1996 *Frederick Zimmer*
FREDERICK ZIMMER
Assistant Counsel
Bureau of Professional
Medical Conduct

Date: 3/7, 1996

Anne Saile

ANNE F. SAILE
Acting Director, Office
of Professional Medical Conduct

Date: 11 March, 1996

Charles J. Vacanti

CHARLES J. VACANTI, M.D.
Chairperson, State Board
for Professional Medical Conduct

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

-----X

IN THE MATTER : STATEMENT
OF : OF
KAMLESH AGGARWAL, M.D., : CHARGES
Respondent :

-----X

KAMLESH AGGARWAL, M.D., the Respondent, was authorized to practice medicine in New York State on January 23, 1976 by the issuance of license number 126226 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent and the State Medical Board of Ohio (the "Ohio Board"), by a Consent Agreement of June 18, 1992, agreed that Respondent's certificate to practice medicine and surgery in Ohio would be placed on probation for a period of two years. Respondent's probation included, among other things, requirements that Respondent take the SPEX examination, undergo 80 hours of continuing medical education in the areas of diagnostic skills and critical care management including ARDS and fluid management and submit to the Ohio Board a plan of practice including the direct monitoring of his practice by another physician. Respondent admitted to the factual and legal allegations contained within the Ohio Board's Notice of Opportunity for Hearing of March 11, 1992 attached and incorporated into the Consent Agreement.

B. The conduct which Respondent admitted to and which resulted in the Ohio Board's action against him included his having failed to use reasonable care and discrimination in the administration of drugs and having failed to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease pursuant to §4731.22 (B)(2), Ohio Revised Code, and his having departed from or failed to conform to minimal standards of care of similar practitioners under the same or similar circumstances whether or not actual injury to the patient is established pursuant to §4731.22 (B)(6), Ohio Revised Code; in that:

1. Respondent, on or about March 23, 1985, cared for Patient 1 who was admitted through the emergency room to Respondent's care with complaints of nausea, vomiting, diarrhea and abdominal pain and a history of ulcerative colitis for which he/she had been taking Azulfidine intermittently. In addition to various lab tests, abdominal x-rays were obtained which revealed small calcific densities in the right upper and lower quadrants. Respondent failed to conduct further investigatory studies during this hospitalization, even though Patient 1 was frequently medicated for abdominal pain. He hydrated the patient and placed him/her on, among other drugs, Azulfidine, Lomotil and Reglan. His final diagnosis consisted of acute colitis, de-hydration and iron deficiency anemia, secondary to chronic GI bleeding. Respondent discharged the patient on Azulfidine, ferrous sulfate, Lomotil and Compazine and instructed him/her to contact another physician for another appointment. Approximately eight hours later, patient 1 was readmitted through the emergency room with severe abdominal pain and a distended abdomen. An emergency laporotomy was performed by a staff surgeon which revealed a perforation and the presence of peritonitis. A left hemicolectomy was then performed. Respondent was called to manage the patient post-operatively. Shortly thereafter, patient 1

developed massive ascites which Respondent failed to treat. The patient then developed pleural effusions which were not resolved and subsequently went into respiratory arrest and expired.

2. Respondent, on or about September 2, 1990, cared for Patient 2 who was admitted to the emergency room to his service with severe diarrhea, Theophylline toxicity, dehydration and hyperkalemia. On or about September 6, 1990, patient 2's stool specimen was positive for Pseudomonas aeruginosa. Thereafter, on or about September 13, 1990, patient 2's Clostridium difficile toxin test was reported as positive. Respondent failed to address this condition. On his discharge summary of September 13, 1990, Respondent reported the Clostridium test as negative. In his list of ten discharge diagnoses, Respondent listed one as being "diarrhea of unknown etiology". Although patient 2 was readmitted the same day to Respondent's service with acute dehydration, viral gastroenteritis and diarrhea of unknown etiology, among other diagnoses, and was not discharged until October 10, 1990, Respondent still failed to address the positive Clostridium difficile toxin test.

C. The conduct admitted to by Respondent and which resulted in the discipline imposed on him would, if committed in New York State, constitute professional misconduct under the laws of New York State, under N.Y. Educ. Law §6530(3) (McKinney Supp. 1996) [practicing the profession with negligence on more than one occasion] and/or N.Y. Educ. Law §6530(5) (McKinney Supp. 1996) [practicing the profession with incompetence on more than one occasion].

FIRST SPECIFICATION

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law §6530(9)(b) (McKinney

Supp. 1996) by reason of his having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State in that Petitioner charges:

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

SECOND SPECIFICATION

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law §6530(9)(d) (McKinney Supp. 1996) by reason of his having had disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the disciplinary action would, if committed in New York State constitute professional misconduct under the laws of New York State in that Petitioner charges:

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

DATED: *February*, 1996
Albany, New York

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