



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

March 19, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Valerie B. Donovan, Esq.
NYS Department of Health
ESP-Corning Tower-Room 2509
Albany, New York 12237

Amy Ching-Yu Han, M.D.
280 Winthrop Terrace
South Orange, New Jersey 07079

RE: In the Matter of Amy Ching-Yu Han, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. 03-72) 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 black ink, appearing to read "Tyrone T. Butler". The signature is written in a cursive style with a large initial "T".

Tyrone T. Butler, Director
Bureau of Adjudication

TTB:cah
Enclosure

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

IN THE MATTER

OF

AMY CHING-YU HAN, M.D.,
Respondent

COPY

DETERMINATION

AND

ORDER

BPMC # 03-- 72

A Notice of Hearing and a Statement of Charges, dated November 15, 2002, were served upon the Respondent, Amy Ching-Yu Han, M.D. DAVID HARRIS, M.D. (Chair), WALTER M. FARKAS, M.D. and EUGENIA HERBST duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee (hereinafter the Committee) in this matter pursuant to Section 230(10)(e) of the Public Health Law. JEFFREY W. KIMMER, ADMINISTRATIVE LAW JUDGE, served as the Administrative Officer. The Department of Health appeared by Valerie B. Donovan, Esq. The Respondent did not appear nor was she represented by counsel. Evidence was received and witnesses sworn and heard and transcripts of these proceedings were made.

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

PROCEDURAL HISTORY

Respondent's Answer filed:

January 6, 2003

Date of Hearing:

January 17, 2003

Date of Deliberations:

February 26, 2003

STATEMENT OF CASE

The Statement of Charges alleges the Respondent committed professional misconduct in that she has a psychiatric condition which impairs her ability to practice medicine.

A copy of the Statement of Charges is attached to this Determination and Order and made a part thereof as Appendix I.

FINDINGS OF FACT

The following Findings of Fact were made after a review of the evidence presented in this matter. All Findings and Conclusions herein are the unanimous determination of the Committee. Conflicting evidence, if any, was considered and rejected in favor of the evidence cited. Numbers in parentheses refer to transcript page numbers or exhibits. These citations represent evidence found persuasive by the Committee in arriving at a particular finding. All Findings of Fact made by the Committee were established by at least a preponderance of the evidence. Having heard testimony and considered evidence presented by the Department of Health and the Respondent respectively, the Committee hereby

makes the following findings of fact.

1. Amy Ching-Yu Han, M.D. (hereinafter " Respondent"), was authorized to practice medicine in New York State on or about December 15, 1989, by the issuance of license number 181069 by the New York State Education Department.

(Ex.2)

2. During the period of January 1995 through October 1995, the Respondent was undergoing psychotherapy and was on a medical leave from a residency program at the University of Indiana School of Medicine. At the end of this period of time, her therapists concluded that her thought processes were paranoid, she would have problems in work settings and that she is not ready to return to work.

(Ex. 3)

3. On or about February 29, 2000, a forensic psychiatrist who was asked to evaluate the Respondent, diagnosed her as suffering from delusional disorder, mixed type and personality disorder. (Ex. 4)

4. On or about August 7, 2000, a psychiatrist who was asked to evaluate the Respondent, diagnosed her as suffering from delusional disorder, paranoid type which significantly impairs her judgment and he concluded that she lacked insight into her condition. (Ex. 4)

5. On or about August 14, 2000, two physicians, one of whom was a psychiatrist from the Wishard Health Services, Indianapolis, Indiana, who were asked to evaluate the Respondent, diagnosed her as suffering from delusional disorder of the mixed types, that her illness is chronic and that she lacks insight into her need for treatment. (Ex. 4)
6. In or about October 2000, the Respondent completed a six week inpatient stay at Gracie Square Hospital, New York, N.Y. Respondent's discharge diagnosis was delusional disorder, persecutory type; personality disorder with narcissistic and paranoid features and a GAF (Global Assessments of Functioning) of 35. (T. 43; Exs. 5 & 6)
7. On or about October 31, 2000, the Respondent's treating psychiatrist's initial diagnostic impression was Chronic Paranoid Schizophrenia. On April 21, 2001, this psychiatrist noted in his progress notes that the Respondent denies having a mental illness. (Ex. 6)
8. On or about May 7 and 14, 2001, the Respondent was evaluated by a psychiatrist in New York, N.Y. This psychiatrist noted his impression as delusional disorder, mixed and a GAF-30. A GAF-30 signifies a very poor level of functioning and indicates behavior is significantly influenced by delusions or hallucinations or serious impairment in communication or judgment or inability to

function in almost all areas. He concluded that the Respondent is completely devoid of any awareness of her psychotic disorder, is unwilling to comply with treatment and her erotomanic delusions would interfere with her ability to practice medicine. (T. 20; Ex. 8)

Conclusions

The following conclusions were made pursuant to the Findings of Fact listed above. The Committee concluded that the following Factual Allegation was proven by a preponderance of the evidence (the paragraphs noted refer to those set forth in the Statement of Charges, Factual Allegations). The citations in parentheses refer to the Findings of Fact (supra), which support the Committee's conclusion:

Paragraph A.: (2);

Paragraph B.: (3);

Paragraph C.: (4);

Paragraph D.: (5);

Paragraph E.: (6);

Paragraph F.: (7);

Paragraph G.: (8);

The Committee further concluded that the following Specification should **be sustained:**

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

First Specification: (Paragraphs A.through E.);

DISCUSSION

Respondent was charged with one specification alleging professional misconduct within the meaning of Education Law §6530. This statute sets forth numerous forms of conduct which constitute professional misconduct.

The Department presented as its sole witness to support the allegations, Dr. Zev Labins. Dr. Labins is a board certified psychiatrist who is also an assistant professor of clinical psychiatry at Columbia University, College of Physicians and Surgeons. The Committee found him to be credible and convincing and his

testimony to be unbiased. The Department also offered into evidence numerous documents in support of the charges. The Respondent did not appear personally at the hearing nor did counsel appear on her behalf. She did submit an Answer to the charges denying all the allegations. Other than her Answer, there was no evidence presented to refute the Department's charges.

The Committee found the testimony of the Department's expert witness to be consistent with those of the other psychiatrists who evaluated and/or treated the Respondent. They are all in agreement that the Respondent suffers from a delusional disorder. The record contains no evidence disputing this conclusion. The numerous documents submitted into evidence all indicate that the Respondent has suffered from a mental illness since at least 1995 and is not able to function as a physician. The Department's expert also testified that the nature of her illness makes it impossible for her to function as a physician, because the paranoid component of her illness severely impedes her ability to process data from patient interviews and physical examinations. The record is clear that the Respondent suffers from a chronic psychiatric disorder, that she is devoid of any awareness of her condition and due to her illness is unable to function as a physician.

Furthermore, the Department's expert testified that her prognosis is poor even with appropriate treatment, which she is not pursuing at this time. With treatment

and medication the Respondent may at best learn to live with her delusions but it is unlikely they will ever be eradicated. The Committee accepts and adopts the expert's opinion that the practice of medicine will remain beyond her capacity.

DETERMINATION AS TO PENALTY

The Hearing Committee, pursuant to the Findings of Fact and Conclusions set forth above, unanimously determined that Respondent's license to practice medicine 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 record in this case clearly established that Respondent is not capable of practicing medicine.

A license to practice medicine is a privilege. It is the duty of the Committee to protect the members of the public from those persons who are licensed to practice medicine but can no longer carry out that function. The record is clear that the Respondent is not capable of practicing medicine and most likely will never be able to.

The Committee unanimously determined that no decision other than revocation would adequately protect the public.

ORDER

Based upon the foregoing, **IT IS HEREBY ORDERED THAT:**

1. The **First Specification** of professional misconduct, as set forth in the Statement of Charges (Appendix I, attached hereto and made a part of this Determination and Order) is **SUSTAINED**;
2. The Respondent's license to practice medicine is **Revoked**.

DATED: New York, New York

March 15, 2003



**DAVID HARRIS, M.D. (Chair),
WALTER M. FARKAS, M.D.
EUGENIA HERBST**

Valerie B. Donovan, Esq.
Assistant Counsel
New York State
Department of Health
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Room 2509
Albany, New York 12237

Amy Ching-Yu Han, M.D.
280 Winthrop Terrace
South Orange, New Jersey 07079



APPENDIX I

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

IN THE MATTER
OF
AMY CHING-YU HAN, M.D.

STATEMENT
OF
CHARGES

Amy Ching-Yu Han, M.D., the Respondent, was authorized to practice medicine in New York State on or about December 15, 1989, by the issuance of license number 181069 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. In early 1995, Respondent went on medical leave from the Indiana School of Medicine to undergo psychotherapy. On October 31, 1995, Respondent's therapists from Indianapolis Psychiatric Associates, Indiana, stated that Respondent's thought processes were paranoid, bordering on psychotic and that Respondent would have problems in a work setting.
- B. On or about February 29, 2000, an evaluating psychiatrist from Carmel, Indiana, diagnosed Respondent as having both delusional disorder, mixed type and personality disorder.
- C. On or about August 7, 2000, an evaluating psychiatrist from Indianapolis, Indiana, diagnosed Respondent with delusional disorder, paranoid type. The psychiatrist stated that the condition significantly impaired Respondent's judgment, and that Respondent lacked insight into her condition.

- D. In or about August 2000, treating physicians from Wishard Health Services, in Indianapolis, Indiana, confirmed that Respondent suffered from a delusional disorder of the mixed type, that Respondent's symptoms were chronic, and that Respondent lacked insight into her need for treatment.
- E. In or about October, 2000, Respondent completed six weeks of inpatient treatment at Gracie Square Hospital, New York City. Respondent's discharge diagnosis was delusional disorder, persecutory type, and personality disorder with narcissistic and paranoid features. Respondent's GAF was 35.
- F. On or about October 31, 2000, Respondent's treating psychiatrist from Teaneck, New Jersey, diagnosed Respondent with chronic paranoid schizophrenia. In his office notes dated April 21, 2001, he stated that Respondent denied her mental illness.
- G. On or about May 7 and 14, 2002, Respondent was evaluated by a psychiatrist in New York, New York. The psychiatrist's impression was that Respondent suffered from delusional disorder, mixed, and that Respondent's GAF was 30. He stated that Respondent was unwilling to comply with treatment and that her delusions would interfere with her ability to practice medicine.

SPECIFICATION OF CHARGES

FIRST 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 following:

1. The facts in paragraphs A, B, C, D, E, F, and/or G.

DATED: November 15, 2002
Albany, New York


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