



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Mark R. Chassin, M.D., M.P.P., M.P.H.
Commissioner

November 3, 1992

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Terrence Sheehan, Esq.
NYS Department of Health
5 Penn Plaza - Sixth Floor
New York, New York 10001

Donald Rosenkrantz, Esq.
444 Park Avenue South
New York, New York 10016

Jules Rodin, M.D.
245 E. 63rd Street
New York, New York 10021-7466

RE: In the Matter of Jules S. Rodin, M.D.

Dear Mr. Sheehan, Mr. Rosenkrantz and Dr. Rodin:

Enclosed please find the Determination and Order (No. BPMC-92-98) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon 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required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate.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
Corning Tower - Fourth Floor (Room 438)
Empire State Plaza
Albany, New York 12237

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), "(t)he 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 all action 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.

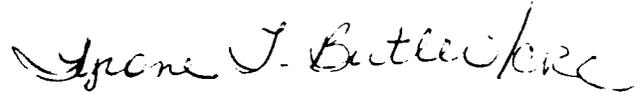
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Corning Tower - Room 2503
Empire State Plaza
Albany, New York 12237-0030

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.

Very truly yours,

A handwritten signature in cursive script that reads "Tyrone T. Butler". The signature is written in dark ink and is positioned above the typed name.

Tyrone T. Butler, Director
Bureau of Adjudication

TTB:crc
Enclosure

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

IN THE MATTER : DETERMINATION
OF : AND
JULES RODIN, M.D. : ORDER

ORDER NO. BPMC-92-98

RICHARD D. MILONE, M.D., CHAIRMAN; JEAN PAKTER, M.D. and CAROL LYNN HARRISON, PH.D., duly designated members of the State Board for Professional Medical Conduct, appointed by the Commissioner of Health of the State of New York pursuant to Section 230(1) of the Public Health Law, served as the Hearing Committee in this matter pursuant to Section 230(10)(e) of the Public Health Law. Donna O'Hare, M.D., was substituted for Jean Pakter, M.D., after the first hearing date (July 16, 1992) and was present at all subsequent hearings. MICHAEL P. McDERMOTT, ESQ., ADMINISTRATIVE LAW JUDGE, served as Administrative Officer for the Hearing Committee.

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

SUMMARY OF THE PROCEEDINGS

Notice of Hearing and Statement
of Charges: May 5, 1992

Pre-Hearing Conferences: June 17, 1992
July 16, 1992

Hearing Dates: July 16, 1992
August 19, 1992
September 4, 1992

Place of Hearing: NYS Department of Health
5 Penn Plaza
New York, New York

Petitioner appeared by: Peter J. Millock, Esq.
General Counsel
NYS Department of Health
By: Terrence Sheehan, Esq.
Associate Counsel

Respondent appeared by: Donald Rosenkrantz, Esq.
444 Park Avenue South
New York, New York 10016

Date of Deliberations: October 7, 1992 - Due to
U.S. Air strike, Dr.
Harrison was unable to be
present for the
deliberations. Drs. Milone
and O'Hare were present.
Dr. Milone was in contact
with Dr. Harrison
immediately prior and
immediately after the
deliberations. Dr. Harrison
concurred in all Findings of
Fact, Conclusions of Law and
Determinations.

STATEMENT OF CHARGES

Essentially, the Statement of Charges charges the Respondent with negligence on more than one occasion; incompetence on more than one occasion; gross negligence; fraudulent practice; practicing while impaired and having a psychiatric condition which impairs ability to practice.

The charges are more specifically set forth in the Statement of Charges, a copy of which is attached hereto and made a part hereof.

WITNESSES

For the Petitioner:

Frederick L. Gannon, M.D.

Eileen M. Stewart, A.C.S.W.

Jules S. Rodin, M.D. (the Respondent)

Alexandra August, L.P.N.

Douglas Prisco, M.D.

Luisa Tadeo

Thomas Hotz

For the Respondent:

Paul Tornambe, M.D.

Jules Rodin, M.D. (the Respondent)

FINDINGS OF FACT

Numbers in parentheses refer to transcript page numbers or exhibits. These citations represent evidence found persuasive by the Hearing Committee in arriving at a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. All Hearing Committee findings were unanimous unless otherwise specified.

GENERAL FINDING

1. JULES S. RODIN, M.D., the Respondent, was authorized to practice medicine in New York State on December 1, 1939 by the issuance of license number 037266 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1991 through December 31, 1992 from 116-02 225th Street, St. Albans, New York 11211. Dr. Rodin is 81 years

old and currently resides at 135 East 54th Street, Apartment 11A, New York, New York (Petitioner's Ex. 1; Tr. 486).

2. From about May 1986 and continuing until her death on January 16, 1991, Patient A suffered from pneumonitis, obstructive pulmonary impairment, chronic fibrosis in both lungs, chronic asthmatic bronchitis and severe respiratory distress secondary to interstitial fibrosis (Petitioner's Exs. 2, 3 and 4; Tr. 407-408).

3. The Respondent was related to Patient A, but he was not her attending physician. Her attending physician was Douglas L. Prisco, M.D. (Petitioner's Ex. 2; Tr. 406).

4. During the period February 8, 1988 through December 25, 1990, the Respondent wrote 78 prescriptions for injectable Demerol on a regular basis with increasing frequency for Patient A (Petitioner's Ex. 5, Appendix A).

5. Dr. Prisco was unaware that Patient A was getting Demerol prescriptions from the Respondent while she was under his care (Petitioner's Ex. 2; Tr. 412-413).

6. The Respondent's prescribing of Demerol for Patient A was medically inappropriate and contraindicated given her chronic respiratory disease (Tr. 16-18).

7. On January 6, 1991, Patient A was admitted to St. Joseph's Hospital, 158-40 79th Street, Flushing, New York, due

to respiratory distress. The Respondent was with her at the time of admission (Petitioner's Ex. 4; Tr. 559-561).

8. The Respondent failed to inform the hospital personnel at St. Joseph's Hospital regarding Patient A's history of Demerol use (Petitioner's Ex. 4, pg. 16; Tr. 559-561).

9. On January 7, 1991 at approximately 3:00 a.m. in Patient A's room at St. Joseph's Hospital, the Respondent, who was not Patient A's physician, administered Demerol to Patient A (Petitioner's Ex. 4, Pg. 24; Tr. 370-373, 447-449, 455).

10. On December 25, 1990, the Respondent issued an official New York State prescription for 20 cc Demerol 100 mg/cc in the name of Patient B intending the medication for Patient A. The Respondent had the prescription filled and administered the medication (Demerol) to Patient A (Petitioner's Ex. 5; Tr. 212, 516).

11. On or about November 29, 1989, at the Morrisania Neighborhood Family Center, (Morrisania Facility), 168th Street and Gerard Avenue, Bronx, New York, the Respondent prescribed Lithium for Patient C (Petitioner's Ex. 8, physician's note 11/27/89, prescription entry 12/1/89).

12. The Respondent's note of November 27, 1989 in Patient C's chart does not contain sufficient information to warrant the prescribing of Lithium (Petitioner's Ex. 8, physician's note 11/27/89, Tr. 263-268).

13. There is nothing in Patient C's medical chart to indicate that base line laboratory data was obtained prior to the prescribing of Lithium, nor is there anything in Patient C's chart to indicate that Lithium levels were monitored subsequent to the prescribing of Lithium by the Respondent (Petitioner's Ex. 8; Tr. 263-268).

14. On or about November 27, 1989, at the Morrisania Facility, the Respondent prescribed Lithium for Patient D (Petitioner's Ex. 9, physician's note 11/29/89, prescription entry 11/29/89).

15. The Respondent's note of November 29, 1989 in Patient D's chart does not contain sufficient information to warrant the prescribing of Lithium (Petitioner's Ex. 9, physician's note 11/27/89).

16. There is nothing in Patient D's medical chart to indicate that base line laboratory data was obtained prior to the prescribing of Lithium, nor is there anything in Patient D's chart to indicate that Lithium levels were monitored subsequent to the prescribing of Lithium by the Respondent (Petitioner's Ex. 9; Tr. 317, 335).

17. Pursuant to the provisions of Section 230(7) of the Public Health law, the Hearing Committee directed the Respondent to submit to a psychiatric evaluation and mental status examination by Jacques Quen, M.D. (Hearing Committee Ex. 1).

18. Dr. Quen submitted his report dated September 26, 1992 (Appendix B).

CONCLUSIONS

The Respondent was related to Patient A but he was not her attending physician.

During the period February 8, 1988 through December 25, 1990, the Respondent wrote prescriptions for injectable Demerol on a regular basis with increasing frequency for Patient A without the knowledge of Patient A's attending physician.

During the entire period that the Respondent was prescribing Demerol for Patient A, Patient A was suffering from a severely impaired pulmonary condition.

The Respondent's action in prescribing the Demerol for Patient A, with no apparent concern or awareness of the seriousness of his actions and with a callous disregard for the adverse effects of a narcotic on an individual with known respiratory disease is so egregious as to constitute gross negligence.

The Respondent maintains that he prescribed the Demerol for Patient A's ulcer pains. He was not Patient A's physician and in no way can he justify the prescribing of an addictive medication, especially in view of the fact that every time the

Demerol was administered to Patient A he was further compromising her already severely impaired pulmonary condition.

Likewise, the Respondent's failure to inform St. Joseph's Hospital personnel of Patient A's history of Demerol use and his action in administering Demerol to Patient A at the hospital on January 7, 1991 were both so "conspicuously bad" as to constitute gross negligence.

The Respondent's actions in prescribing Lithium for Patients C & D without documenting sufficient information to warrant the prescribing of Lithium and without obtaining base line laboratory data and providing for the monitoring of Lithium levels constitutes both negligence and incompetence.

The intentional misrepresentation or concealment of a known fact, made in some connection with the practice of medicine, constitutes the fraudulent practice of medicine. The Respondent was guilty of fraudulent practice in prescribing Demerol for Patient A; in failing to inform St. Joseph's Hospital personnel of Patient A's history of Demerol use; in administering Demerol to Patient A in her hospital room on January 7, 1991; and in writing a prescription for Demerol in the name of Patient B when he intended the medication for Patient A and in fact had the

prescription filled himself and administered the Demerol to Patient A.

Dr. Quen's report of his psychiatric evaluation of the Respondent is inadequate, it does not even contain a mental status examination.

After reviewing the entire record in this case, the Hearing Committee concludes there is insufficient evidence on the record to make any determination regarding the charges specified in paragraphs E and F of the Statement of Charges. Paragraphs E and F allege that the Respondent suffers from a mental disorder which impairs his ability to practice medicine and that he did in fact practice while his ability was impaired. The Petitioner has failed to prove its case relative to these charges.

VOTE OF THE HEARING COMMITTEE
(ALL VOTES WERE UNANIMOUS 3-0)

FIRST SPECIFICATION: (Negligence on more than one occasion)

SUSTAINED as to charges specified in paragraphs A, A(1), A(2), A(3), C and D.

SECOND SPECIFICATION: (Incompetence on more than one occasion)

SUSTAINED as to the charges specified in paragraphs A, A(1), A(2), A(3), C and D.

THIRD SPECIFICATION: (Gross negligence)

SUSTAINED as to the charges specified in paragraphs A, A(1), A(2), A(3).

FOURTH SPECIFICATION: (Fraudulent Practice)

SUSTAINED as to the charges specified in paragraphs A, A(1), A(1)(a), A(2), A(2)(a), A(3)(a) and B.

NOT SUSTAINED as to A(3)(b).

FIETH SPECIFICATION: (Practicing while impaired)

NOT SUSTAINED as to the charges specified in paragraphs A, A(1), A(2), A(3), C, D, E, F and F(1)-F(6).

SIXTH SPECIFICATION: (Having a psychiatric condition which impairs ability to practice)

NOT SUSTAINED as to the charges specified in paragraph F.

DETERMINATION

The Hearing Committee has considered the full spectrum of available penalties, including revocation, suspension, probation, censure and reprimand or the imposition of civil penalties not to exceed \$10,000 per violation.

The Respondent's actions in prescribing Demerol for Patient A; his failure to inform St. Joseph's Hospital personnel of Patient A's history of Demerol use; and his administering of Demerol to Patient A in her hospital room are so egregious that the Hearing Committee is convinced that REVOCATION is the only appropriate penalty in this case.

While the changes involving Patients B, C and D may be considered less egregious and by themselves may not warrant a revocation, they are nonetheless serious breaches of medical standards and should be considered additive to the egregious conduct of the Respondent relative to Patient A.

The Hearing Committee determines unanimously (3-0) that the Respondent's license to practice medicine should be REVOKED.

ORDER

ORDERED, that the Respondent's license to practice medicine
in the State of New York is REVOKED.

DATED:

November 2, 1992


Richard Milone, M.D.
Chairman

Carol Lynn Harrison, Ph.D.
Donna O'Hare, M.D.

SUMMARY OF EXHIBIT 5

	Date Written	Date Filled							Max. Daily Doseage
1	2/8/88	2/8/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	2x
2	2/28/88	2/28/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	2x
3	3/25/88	3/25/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
4	4/23/88	4/23/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
5	5/17/88	5/17/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
6	6/22/88	6/22/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
7	7/16/88	7/16/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	4x
8	8/9/88	8/10/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
9	8/27/88	8/27/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	4x
10	10/2/88	10/2/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
11	10/22/88	10/22/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
12	11/12/88	11/13/88	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
13	1/2/89	1/2/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	2x
14	1/21/89	1/22/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	2x
15	2/7/89	2/8/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
16	3/4/89	3/4/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
17	3/25/89	3/26/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
18	4/14/89	4/14/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
19	5/1/89	5/1/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
20	6/13/89	6/13/89	Demero1	20 cc,	100 mg/cc-Sig.	100 mg.		PRN	3x
21	6/26/89	6/26/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.		PRN	3x
22	7/8/89	7/8/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
23	7/21/89	7/21/89	Demero1	20 cc,	100 mg/cc-Sig.	1/2	1.M.	PRN Q 6 HR	2x
24	8/4/89	8/4/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
25	8/19/89	8/19/89	Demero1	20 cc,	100 mg/cc-Sig.	1/2 cc	1.M.	PRN	3x
26	8/30/89	8/30/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	PRN	3x
27	9/9/89	9/9/89	Demero1	20 cc,	100 mg/cc-Sig.	1/2 cc	Q 6 HR		3x
28	9/19/89	9/19/89	Demero1	20 cc,	100 mg/cc-Sig.	1/2 cc	Q 6 HR		4x
29	9/28/89	9/28/89	Demero1	20 cc,	100 mg/cc-Sig.	1/2 cc	Q 6 HR		4x
30	10/20/89	10/20/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.	1.M.	TID PRN	3x
31	10/30/89	10/30/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg.		TID	3x
32	11/11/89	11/11/89	Demero1	20 cc,	100 mg/cc-Sig.	1/2 cc	I.M.	Q 6H	4x
33	11/18/89	11/18/89	Demero1	20 cc,	100 mg/cc-Sig.	1/2 cc	I.M.	Q 6H	4x
34	11/26/89	11/26/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg	Q 6H-PRN		4x
35	12/6/89	12/6/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg	Q 6H-PRN		4x
36	12/15/89	12/15/89	Demero1	20 cc,	100 mg/cc-Sig.	1 cc	Q 6H-PRN		4x
37	12/30/89	12/30/89	Demero1	30 cc,	50 mg/cc-Sig.	50 mg	Q 6H-PRN		4x

38	1/9/90	1/9/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg Q	6H-PRN	4x
39	1/19/90	1/19/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H	4x
40	1/26/90	1/26/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
41	1/31/90	1/31/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H	4x
42	2/7/90	2/7/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
43	2/14/90	2/14/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
44	2/18/90	2/18/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
45	2/25/90	2/25/90	Demerol	30 cc,	50 mg/cc-Sig.	25 mg I.M.	Q 6H-PRN	8x
46	3/3/90	3/3/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
47	3/10/90	3/10/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
48	3/21/90	3/21/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
49	3/27/90	3/27/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
50	4/4/90	4/4/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
51	4/14/90	4/14/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H	4x
52	4/21/90	4/21/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H	4x
53	4/26/90	4/26/90	Demerol	20 cc,	100 mg/cc-Sig.	1 cc I.M.	Q 6H-PRN	2x
54	5/5/90	5/7/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
55	5/19/90	5/19/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
56	7/10/90	7/11/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	3x
57	7/16/90	7/16/90	Demerol	20 cc,	100 mg/cc-Sig.	1 cc Q	6H-PRN	4x
58	7/23/90	7/23/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg Q	6H-PRN	4x
59	8/1/90	8/1/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
60	8/11/90	8/11/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
61	8/21/90	8/21/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
62	8/27/90	8/27/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
63	9/3/90	9/3/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
64	9/9/90	9/9/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
65	9/16/90	9/16/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
66	9/25/90	9/25/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
67	10/2/90	10/2/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
68	10/9/90	10/9/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
69	10/15/90	10/15/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
70	10/23/90	10/23/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
71	10/28/90	10/29/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
72	11/4/90	11/4/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
73	11/12/90	11/12/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
74	11/18/90	11/18/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg I.M.	Q 6H-PRN	4x
75	11/24/90	11/24/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
76	11/29/90	11/29/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
77	12/6/90	12/6/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	Q 6H-PRN	4x
78	12/18/90	12/18/90	Demerol	30 cc,	50 mg/cc-Sig.	50 mg Q	6H-PRN	4x
79	12/15/90	12/25/90	Demerol	20 cc,	100 mg/cc-Sig.	1/2 cc I.M.	PRN	4x

(APPENDIX A - PAGE 2)

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

-----X

IN THE MATTER : STATEMENT
OF : OF
JULES S. RODIN, M.D. : CHARGES

-----X

JULES S. RODIN, M.D., the Respondent, was authorized to practice medicine in New York State on December 1, 1939 by the issuance of license number 037266 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1991 through December 31, 1992 from 116-02 225th Street, St. Albans, New York 11211. Respondent currently resides at 135 East 54th Street, Apartment 11A, New York, New York.

FACTUAL ALLEGATIONS

- A. During the period beginning in or about May, 1986 and continuing until her death on or about January 16, 1991, Patient A, suffered from pneumonitis, obstructive pulmonary impairment, chronic fibrosis in both lungs, chronic asthmatic bronchitis, and severe respiratory distress secondary to

interstitial fibrosis. (All patients are identified in the attached Appendix.)

1. Beginning in or about January, 1987 and continuing at least until Patient A's hospitalization in January, 1991, Respondent, on dozens of occasions, inappropriately prescribed and/or administered injectable Demerol to Patient A.
 - a. Respondent issued these prescriptions and administered the Demerol to Patient A knowing that such conduct was not for a proper medical purpose.

2. Patient A was admitted to St. Joseph's Hospital, 158-40 79th Avenue, Flushing, N.Y. ("St. Joseph's"), on or about January 6, 1991 due to respiratory distress. Respondent inappropriately failed to adequately inform hospital personnel regarding Patient A's history of Demerol use.
 - a. Respondent knowingly and falsely stated to Patient A's attending physician at St. Joseph's that Patient A had received no

Demerol for a period of several weeks prior to hospitalization.

3. On or about January 7, 1991, at approximately 3:00 A.M., in Patient A's room at St. Joseph's, Respondent inappropriately administered Demerol to Patient A.
 - a. Respondent knew that such administration of Demerol was not for a proper medical purpose.
 - b. Respondent knowingly and falsely denied such administration of Demerol to Patient A when questioned by St. Joseph's clinical personnel.

- B. On or about December 25, 1990, Respondent issued an official N.Y.S. triplicate prescription for 20 cc's of Demerol 100 mg/cc (sic) in the name of Patient B. This prescription was not issued in good faith since at the time of its issuance Respondent did not intend that Patient B receive the Demerol. Respondent filled the prescription himself and administered the Demerol to Patient A.

- C. On or about November 29, 1989, at the Morrisania Neighborhood Family Care Center ("Morrisania Facility"), located at 168th Street at Gerard Avenue, Bronx, N.Y. 10452, Respondent inappropriately prescribed Lithium for Patient C without adequate monitoring.
- D. On or about November 27, 1989, at the Morrisania Facility, Respondent inappropriately prescribed Lithium for Patient D without adequate monitoring.
- E. Respondent suffers from a mental disorder, i.e., bipolar affective disorder, which impairs his ability to practice medicine. He has suffered from this disorder at least since in or about 1986.
- F. Respondent practiced medicine while his ability to do so was impaired by mental disability during the following approximate periods of time and at the following locations:
1. October 27, 1987 - November 19, 1987 at Altro Health and Rehabilitation Center, 3600 Jerome Avenue, Bronx, New York 10467.
 2. June 13, 1988 - September 19, 1988 at St. Joseph's Episcopal Hospital, 327 Beach 19th Street, Far Rockaway, New York 11691.

3. July 5, 1989 - August 28, 1989 at Joseph P. Addabbo Family Health Center, 67-10 Rockaway Beach Blvd., Arverne, Queens, New York 11692.
4. March 9, 1989 - September 9, 1989 at NY County Health Services Organization, 149 5th Avenue, 15th Floor, New York, New York.
5. September 18, 1989 - December 8, 1989 at the Morrisania Facility.
6. 1984 - 1989 at Respondent's private office in Cambria Heights, N.Y.

SPECIFICATIONS

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6530(3) (McKinney Supp. 1992) in that he practiced the profession of medicine with negligence on more than one occasion. Specifically, Petitioner charges two or more of the following:

1. The facts in Paragraphs A, A(1), A(2), A(3), C, and/or D.

SECOND SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6530(5) (McKinney Supp. 1992) in that he practiced the profession of medicine with incompetence on more than one occasion. Specifically, Petitioner charges two or more of the following:

2. The facts in Paragraphs A, A(1), A(2), A(3), C, and/or D.

THIRD SPECIFICATION

GROSS NEGLIGENCE

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6530(4) (McKinney Supp. 1992) in that he practiced the profession of medicine with gross negligence. Specifically, Petitioner charges:

3. The facts in Paragraphs A, A(1), A(2), and A(3).

FOURTH SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6530(2) in that he

practiced the profession of medicine fraudulently. Specifically,
Petitioner charges:

4. The facts in Paragraphs A, A(1), A(1)(a),
A(2), A(2)(a), A(3), A(3)(a), A(3)(b) and
B.

FIFTH SPECIFICATION

PRACTICING WHILE IMPAIRED

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6530(7), in that he practiced the profession of medicine while his ability to so practice was impaired by mental disability. Specifically,
Petitioner charges:

5. The facts alleged in Paragraphs A, A(1),
A(2), A(3), C, D, E, F and F(1)-F(6).

SIXTH SPECIFICATION

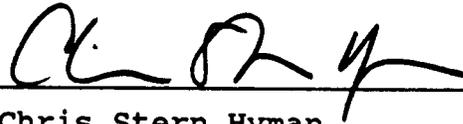
**HAVING A PSYCHIATRIC CONDITION WHICH
IMPAIRS ABILITY TO PRACTICE**

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6530(8), (McKinney Supp. 1992) in that he has a psychiatric condition which impairs his ability to practice medicine. Specifically, Petitioner charges:

6. The facts in Paragraph E.

DATED: New York, New York

May 5, 1992



Chris Stern Hyman
Counsel
Bureau of Professional
Medical Conduct