

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234

OFFICE OF PROFESSIONAL DISCIPLINE  
ONE PARK AVENUE, NEW YORK, NEW YORK 10016-5802

January 9, 1991

Melvin Cohen, Physician  
398 Pine Tree Road  
Lake Mary, Florida 32746

Re: License No. 081080

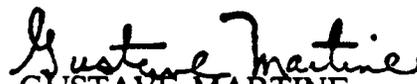
Dear Dr. Cohen:

Enclosed please find Commissioner's Order No. 11557. This Order and any penalty contained therein goes into effect five (5) days after the date of this letter.

If the penalty imposed by the Order is a surrender, revocation or suspension of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter. In such a case your penalty goes into effect five (5) days after the date of this letter even if you fail to meet the time requirement of delivering your license and registration to this Department.

Very truly yours,

DANIEL J. KELLEHER  
Director of Investigations  
By:

  
GUSTAVE MARTINE  
Supervisor

DJK/GM/er  
Enclosures

CERTIFIED MAIL- RRR

cc:

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

-----  
IN THE MATTER  
OF  
MELVIN COHEN, M.D.  
-----

: APPLICATION TO  
:  
: SURRENDER  
:  
: LICENSE  
:

STATE OF FLORIDA )  
                  ) ss. :  
COUNTY OF *Seminole*

11557

MELVIN COHEN, M.D., being duly sworn, deposes and says:

On or about August 11, 1958, I was licensed to practice as a physician in the State of New York having been issued License No. 081080 by the New York State Education Department.

I am currently registered with the New York State Education Department to practice as a physician in the State of New York for the period January 1, 1989 through December 31, 1991 from 398 Pine Tree Road, Lake Mary, Florida 32746.

I understand that I have been charged with Twenty-Eight 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 Board of Regents for permission to surrender my license as a physician in the State of New York on

MELVIN COHEN, M.D.

the grounds that I admit guilt to the First, Second, and Third Specifications with respect to all the facts alleged therein, including those alleged on an "and/or" basis; the Twenty-Fifth Specification with regard to negligence on more than one occasion relating to the Factual Allegations in Paragraphs A and A.1, A.2, A.3, A.4 and A.5; B and B.1(a), B.1(b), B.1(c), B.2(a), and B.2(b); C and C.1, C.2 and C.3; the Twenty-Seventh and the Twenty-Eighth Specifications with respect to all the facts alleged therein, including those alleged on an "and/or" basis, in full satisfaction of all the charges.

I hereby make this application to the Board of Regents and request that it be granted.

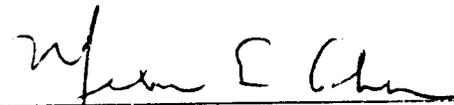
I understand that, in the event that the application is not granted by the Board of Regents, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way and shall be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

MELVIN COHEN, M.D.

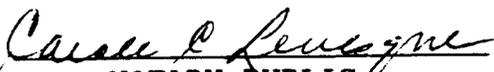
I agree that, in the event the Board of Regents grants my application, an order of the Commissioner of Education may be issued striking my name from the roster of physicians in the State of New York without further notice to me.

I further agree that the order of the Commissioner shall include a provision that I shall not apply for the restoration of my license until at least one (1) year has elapsed from the effective date of the service of such order. I understand that such application is not automatically granted but may be granted or denied.

No promises of any kind were made 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.

  
\_\_\_\_\_  
MELVIN COHEN, M.D.  
Respondent

Sworn to before me this 5<sup>th</sup>  
day of October, 1990

  
NOTARY PUBLIC

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. JAN. 20, 1993  
BOMBED TRAVEL GENERAL INS. UND.

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

-----  
IN THE MATTER

OF

MELVIN COHEN, M.D.

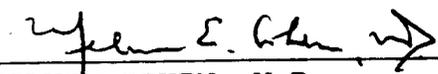
: APPLICATION TO

: SURRENDER

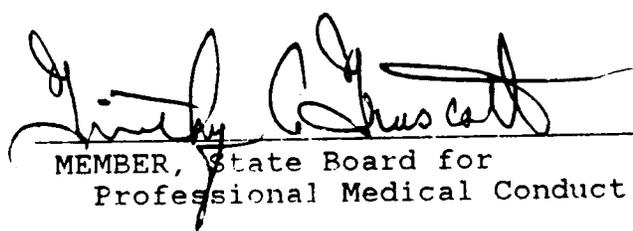
: LICENSE  
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The undersigned agree to the attached application of the Respondent to surrender license.

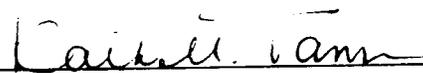
Date: Oct 5, 1990

  
MELVIN COHEN, M.D.  
Respondent

Date: 10/31, 1990

  
MEMBER, State Board for  
Professional Medical Conduct

Date: October 27 1990

  
KATHLEEN M. TANNER  
Director, Office of Professional  
Medical Conduct

MELVIN COHEN, M.D.

The undersigned has reviewed and agrees to the attached application to surrender license.

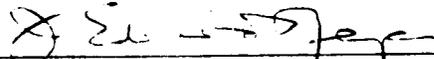
Date: October 25, 1990



DAVID AXELROD, M.D.  
Commissioner of Health

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Discipline to review this application to surrender license, has reviewed the attached application to surrender license and recommends to the Board of Regents that the application be granted.

Date: December 11, 1990



MEMBER OF THE BOARD OF REGENTS

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

-----X  
IN THE MATTER : STATEMENT  
OF : OF  
MELVIN COHEN, M.D. : CHARGES  
-----X

The State Board for Professional Medical Conduct, upon information and belief, charges and alleges as follows:

MELVIN COHEN, M.D. hereinafter referred to as the Respondent, was authorized to engage in the practice of medicine in the State of New York on August 11, 1958 by the issuance of License Number 081080 by the State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1989 through December 31, 1991 from 398 Pine Tree Road, Lake Mary, Florida 32746.

FACTUAL ALLEGATIONS

A. Respondent rendered pre-natal care to Patient A (Patients are identified in the Appendix) on various occasions from February 6, 1986 until her admission to Corning Hospital, Corning, New York (hereinafter Corning Hospital) on September

23, 1986. Said pre-natal care was rendered at Respondent's office at 201 East First Street, Corning, New York (hereinafter Respondent's office). Respondent, on or about September 23 and September 24, 1986, rendered obstetrical care to Patient A at Corning Hospital.

1. Respondent, at approximately 12:05 a.m. on September 24, 1986, injected Pitocin into Patient A's intravenous tubing, without medical indication.
2. Respondent, when questioned by Patient A about what the needle had been used for, changed the subject of conversation. When Patient A again asked Respondent what he had used the needle for, Respondent denied that he had used a needle.
3. Respondent, when questioned by a labor room nurse who had observed him injecting medication into the patient's intravenous tubing, denied having done so.
4. Respondent when questioned a second time by the labor room nurse as to what he had injected into the intravenous tubing, again denied that he had done anything. After repeated questioning by the labor room nurse, Respondent admitted that he had injected Pitocin into the patient's intravenous tubing.
5. Respondent initiated the use of Pitocin in this patient without proper notification of the nursing staff, and without providing for appropriate management and monitoring.
6. Respondent initiated the use of Pitocin in this patient in an uncontrolled manner, and without providing appropriate safeguards for the use of this medication.
7. Respondent attempted to conceal that he had administered Pitocin to Patient A.
8. Respondent did not make any notation that he had administered Pitocin to Patient A in the patient's chart.

B. Respondent rendered pre-natal care to Patient B at Respondent's office on various occasions from July 15, 1983

until February 14, 1984. Respondent, on or about February 10, 1984 through February 13, 1984, and again on February 14, 1984, rendered obstetrical care to Patient B at Corning Hospital.

1. Respondent failed to appropriately manage Patient B's toxemia of pregnancy, in that:
  - a. Respondent discharged Patient B from Corning Hospital on February 13, 1984, without delivering her baby, although delivery was indicated for this patient, who was at term, and had been admitted on February 10, 1984 with a diagnosis of toxemia.
  - b. Respondent discharged Patient B from Corning Hospital on February 13, 1984, although continued hospitalization was indicated for her toxemia at term.
  - c. Respondent discharged Patient B on February 13, 1984, on bed rest and phenobarbital, despite the failure of similar therapy to control her toxemia of pregnancy prior to her February 10, 1984 admission to Corning Hospital.
2. Respondent inappropriately managed the labor and delivery of Patient B on her readmission to Corning Hospital on February 14, 1984, where she delivered a stillborn infant, in that:
  - a. Respondent failed to order an internal monitor, despite the fact that the external monitor was not effectively picking up the fetal heart, and despite a request to him by the charge nurse for an internal monitor.
  - b. Respondent allowed Patient B's labor to continue, and allowed her to continue to push, despite indications of fetal distress, followed by difficulty in detecting the fetal heart with the external monitor.

C. Respondent rendered pre-natal care to Patient C at Respondent's office on various occasions from October 18, 1982 until her admission to Corning Hospital on May 14, 1983.

Respondent, on or about May 14, 1983, through May 16, 1983, rendered obstetrical care to Patient C at Corning Hospital.

1. Respondent failed to obtain the assistance of a pediatrician at this delivery despite indications of fetal distress.
2. Respondent failed to diagnose intrauterine growth retardation in Patient C.
3. Respondent failed to adequately monitor Patient C's infant during labor.

D. Respondent rendered prenatal care to Patient D at Respondent's office on various occasions from December 23, 1983 until her admission to Corning Hospital on June 28, 1984.

Respondent, on or about June 28, 1984 through June 30, 1984, rendered obstetrical care to Patient D at Corning Hospital. Respondent failed to appropriately manage Patient D's toxemia of pregnancy, in that:

1. Respondent failed to initiate therapy promptly.
2. Respondent failed to place Patient D on adequate toxemia precautions post-partum.
3. Respondent failed to order adequate post-partum treatment measures for Patient D.

E. Respondent rendered prenatal care to Patient E at Respondent's office on various occasions from February 24, 1984 until her admission to Corning Hospital on April 19, 1984.

Respondent, on or about April 19, 1984, through April 22, 1984, rendered obstetrical care to Patient E at Corning Hospital.

1. Respondent failed to adequately evaluate and address Patient E's elevated blood pressure.

2. Respondent failed to adequately document the indications, if any, for the mid-forceps delivery he performed on Patient E.

F. Respondent, on or about July 18, 1984, through July 21, 1984, rendered obstetrical care to Patient F at Corning Hospital.

1. Respondent failed to adequately inspect Patient F's vagina following delivery, and/or to adequately repair her episiotomy, resulting in a hematoma.
2. Respondent failed to promptly and adequately repair Patient F's hematoma.
3. Respondent's failure to promptly and adequately repair Patient F's hematoma resulted in excessive blood loss necessitating transfusion of four units of blood. -

G. Respondent rendered prenatal care to Patient G at Respondent's office on various occasions from October 8, 1984 until her admission to Corning Hospital on December 3, 1984. Respondent, on or about December 3, 1984, through December 5, 1984, rendered obstetrical care to Patient G at Corning Hospital. Respondent failed to adequately inspect Patient G's vagina following delivery, resulting in a hematoma.

H. Respondent rendered prenatal care to Patient H at Respondent's office on various occasions from August 8, 1983 until her March 6, 1984 admission to Corning Hospital. Respondent, on or about March 6, 1984, through March 9, 1984, rendered obstetrical care to Patient H at Corning Hospital. Respondent failed to adequately inspect Patient H's vagina

following delivery, and/or to adequately repair her episiotomy, resulting in a hematoma.

I. Respondent rendered prenatal care to Patient I at Respondent's office on various occasions from August 28, 1984 until her admission to Corning Hospital on March 12, 1984. Respondent, on or about March 12, 1984 through March 15, 1984 rendered obstetrical care to Patient I at Corning Hospital.

1. Respondent failed to determine the patient's EDC with a reasonable degree of medical accuracy.
2. Respondent failed to order an early ultrasound to help establish the patient's EDC.
3. Respondent failed to adequately inspect Patient I's vagina after delivery and/or to adequately repair her episiotomy, resulting in a hematoma.

J. Respondent rendered prenatal care to Patient J at Respondent's office on various occasions from November 3, 1983 until her June 22, 1984 admission to Corning Hospital. Respondent, on or about February 14, 1984 through February 16, 1984, and on or about June 6, 1984 through June 9, 1984, and on or about June 22, 1984 through June 27, 1984, rendered care to Patient J at Corning Hospital.

1. Respondent failed to order adequate antibiotic therapy to treat Patient J's pyelonephritis.
2. Respondent ordered a renal scan, which was unnecessary to confirm the diagnosis of pyelonephritis, and which posed an unnecessary risk to the fetus.
3. Respondent discharged the patient on Macrochantin 1mg. TID, despite Patient J's previous failure to respond to this drug.

4. Respondent ordered Macrochantin for Patient J in an inappropriate dosage amount.
5. Respondent, on June 22, 1984, delivered Patient J's baby by Cesarean section due to her alleged failure to progress in labor. Said diagnosis of failure to progress was premature and unjustified, and the Cesarean delivery was not indicated at the time it was performed.

K. Respondent rendered prenatal care to Patient K at Respondent's office on various occasions from July 11, 1983 until her February 1, 1984 admission to Corning Hospital. Respondent, on or about February 1, 1984 through February 5, 1984, rendered obstetrical care to Patient K at Corning Hospital.

1. Respondent failed to establish and/or document a treatment plan for delivery following Patient K's spontaneous rupture of membranes on January 30, 1984.
2. Respondent failed to instruct Patient K and/or to document instructions to the patient following her office visit on January 30, 1984, after her membranes had spontaneously ruptured and her cervix was noted to be thick, long and closed.
3. Respondent performed a pelvic exam on Patient K following her February 1, 1984 admission to Corning Hospital for heavy bleeding. Said pelvic exam was not performed under double set-up conditions and was performed without preparations having been made for immediate Cesarean section.

L. Respondent rendered prenatal care to Patient L at Respondent's office on various occasions from March 27, 1984 until her admission to Corning Hospital on September 6, 1984. Respondent, on or about September 6, 1984, through September 7, 1984, rendered care to Patient L at Corning Hospital.

1. Respondent failed to determine Patient L's EDC with a reasonable degree of medical accuracy.
2. Respondent failed to order an early ultrasound to help establish Patient L's EDC.
3. Respondent failed to promptly establish a diagnosis of premature labor in this patient.
4. Respondent failed to promptly treat Patient L's urinary tract infection (UTI), which exposed her further to the risk of uterine irritability.
5. Respondent failed to order prompt and adequate treatment for Patient L's premature labor.

SPECIFICATION OF CHARGES

FIRST THROUGH TWELFTH SPECIFICATION

PRACTICING WITH GROSS NEGLIGENCE

Respondent is charged with practicing the profession of medicine with gross negligence within the meaning of N.Y. Educ. Law §6509(2) (McKinney 1985) in that the State Board for Professional Medical Conduct (hereinafter referred to as "Petitioner") alleges:

1. The facts in Paragraphs A and A.1, and A.2, and A.3, and A.4, and/or A.5.
2. The facts in Paragraphs B and B.1(a), and B.1(b), and B.1(c), and B.2(a), and/or B.2(b).
3. The facts in Paragraphs C and C.1, and C.2, and/or C.3.
4. The facts in Paragraphs D and D.1, and D.2, and/or D.3.
5. The facts in Paragraphs E and E.1, and/or E.2.
6. The facts in Paragraphs F and F.1, and F.2, and/or F.3.
7. The facts in Paragraph G.

8. The facts in Paragraph H.
9. The facts in Paragraph I and I/1, and I.2, and/or I.3.
10. The facts in Paragraphs J and J.1, and J.2, and J.3, and J.4, and/or J.5.
11. The facts in Paragraphs K and K.1, and K.2, and/or K.3.
12. The facts in Paragraphs L and L.1, and L.2, and L.3, and L.4, and/or L.5.

THIRTEENTH THROUGH TWENTY-FOURTH SPECIFICATIONS

PRACTICING WITH GROSS INCOMPETENCE

Respondent is charged with practicing the profession with gross incompetence within the meaning of N.Y. Educ. Law §6509(2) (McKinney 1985) in that Petitioner alleges:

13. The facts in Paragraphs A and A.1, and A.2, and A.3, and A.4, and/or A.5.
14. The facts in Paragraphs B and B.1(a), and B.1(b), and B.1(c), and B.2(a), and/or B.2(b).
15. The facts in Paragraphs C and C.1, and C.2, and/or C.3.
16. The facts in Paragraphs D and D.1, and D.2, and/or D.3.
17. The facts in Paragraphs E and E.1, and/or E.2.
18. The facts in Paragraphs F and F.1, and F.2, and/or F.3.
19. The facts in Paragraph G.
20. The facts in Paragraph H.
21. The facts in Paragraph I and I/1, and I.2, and/or I.3.
22. The facts in Paragraphs J and J.1, and J.2, and J.3, and J.4, and/or J.5.
23. The facts in Paragraphs K and K.1, and K.2, and/or K.3.

24. The facts in Paragraphs L and L.1, and L.2, and L.3, and L.4, and/or L.5.

TWENTY-FIFTH SPECIFICATION

PRACTICING WITH NEGLIGENCE AND/OR  
INCOMPETENCE ON MORE THAN  
ONE OCCASION

Respondent is charged with practicing the profession of medicine with negligence and/or incompetence on more than one occasion within the meaning of N.Y. Educ. Law §6509(2) (McKinney 1985) in that Petitioner alleges that Respondent has committed two or more of the following:

25. The facts in Paragraphs A and A.1., A and A.2., A and A.3, A and A.4, A and A.5, B and B.1(a), B and B.1(b), B and B.1(c), B and B.2(a), B and B.2(b), C and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, E and E.1, E and E.2, F and F.1, F and F.2, F and F.3, G, H, I and I.1, I and I.2, I and I.3, J and J.1, J and J.2, J and J.3, J and J.4, J and J.5, K and K.1, K and K.2, K and K.3, L and L.1, L and L.2, L and L.3, L and L.4, and/or L and L.5.

TWENTY-SIXTH SPECIFICATION

CONDUCT EVIDENCING MORAL UNFITNESS

Respondent is charged with committing unprofessional conduct within the meaning of N.Y. Educ. Law §6509(9) (McKinney 1985) and 8 NYCRR §29.1(b)(5) (1987) by his conduct in the practice of the profession which evidences moral unfitness to practice the profession, in that Petitioner alleges:

26. The facts in Paragraphs A and A.1, and A.2, and A.3, and A.4, and/or A.7.

TWENTY-SEVENTH SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law §6509(2) (McKinney 1985) by his practicing the profession fraudulently in that Petitioner alleges:

27. The facts in Paragraphs A and A.1, and A.2, and A.3, and A.4, and/or A.7.

TWENTY-EIGHTH SPECIFICATION

FAILURE TO MAINTAIN ADEQUATE RECORDS

Respondent is charged with committing unprofessional conduct under N.Y. Educ. Law §6509(9) (McKinney 1985) in that Respondent failed to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient within the meaning of 8 NYCRR §29.2(a)(3), in that Petitioner charges:

28. The facts in Paragraphs A and A.1, and A.8.

DATED: Albany, New York

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

**ORDER OF THE COMMISSIONER OF  
EDUCATION OF THE STATE OF NEW YORK**

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**MELVIN COHEN**

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**CALENDAR NO. 11557**



# The University of the State of New York

IN THE MATTER

OF

MELVIN COHEN  
(Physician)

DUPLICATE  
ORIGINAL  
VOTE AND ORDER  
NO. 11557

Upon the application of MELVIN COHEN, under Calendar No. 11557, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, it was

**VOTED (December 21, 1990):** That the application of MELVIN COHEN, respondent, for permission to surrender respondent's license to practice as a physician in the State of New York be granted; and that the Commissioner of Education be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the provisions of this vote;

and it is

**ORDERED:** That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof as well as the application and the provisions thereof are hereby adopted and so **ORDERED**, and it is further

**ORDERED** that respondent may not apply for the restoration of said license until at least one (1) year has elapsed from the effective date of the service of this order, and it is further

**ORDERED** that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

MELVIN COHEN (11557)

IN WITNESS WHEREOF, I, Thomas Sobol,  
Commissioner of Education of the State of  
New York, for and on behalf of the State  
Education Department and the Board of  
Regents, do hereunto set my hand and affix  
the seal of the State Education Department,  
at the City of Albany, this 31<sup>st</sup> day of  
*December*, 1990.  
*Thomas Sobol*  
Commissioner of Education