



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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

Barbara A. DeBuono, M.D., M.P.H.  
*Commissioner*

Karen Schimke  
*Executive Deputy Commissioner*

March 21, 1996

## **CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Paul Stein, Esq.  
Associate Counsel  
NYS Dept. of Health  
5 Penn Plaza-6th Floor  
New York, New York 10001

Leland Stuart Beck, Esq.  
Beck, Salvi & Gewurz  
595 Stewart Avenue  
Garden City, New York 11530

Louis Parrish, M.D.  
242 East 72nd Street  
New York, New York 10021

RE: In the Matter of Louis Parrish, M.D.

Dear Mr. Stein, Mr. Beck and Dr. Parrish:

Enclosed please find the Determination and Order (No. 96-62) 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required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate.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), "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 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.

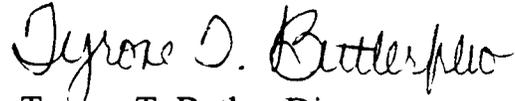
The notice of review served on the Administrative Review Board should be forwarded to:

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

Sincerely,

A handwritten signature in black ink that reads "Tyrone T. Butler". The signature is written in a cursive style with a large initial "T" and a long horizontal flourish at the end.

Tyrone T. Butler, Director  
Bureau of Adjudication

TTB:rlw  
Enclosure

**COPY**

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

**IN THE MATTER  
OF  
LOUIS PARRISH , M.D.**

**DETERMINATION  
AND  
ORDER**

BPMC-96-62

A Notice of Hearing and a Statement of Charges, dated June 1, 1995, were served upon the Respondent, Louis Parrish, M.D. **DAVID T. LYON, M.D. (Chair), JOHN L.S. HOLLOMAN, M.D. and NANCY J. MACINTYRE, R.N., Ph. D.**, duly designated members of the State Board for Professional Medical Conduct, served as the Hearing 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 Paul Stein, Esq., Associate Counsel. The Respondent appeared by Leland Stuart Beck, Esq. Evidence was received and witnesses sworn and heard and transcripts of these proceedings were made.

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

**PROCEDURAL HISTORY**

Date of Notice of Hearing and Statement of Charges:	June 1, 1995
Date of Prehearing Conference:	July 13, 1995
Dates of Hearing:	July 13, 1995 August 7, 1995 August 17, 1995

September 18, 1995

Witness for Department of Health:

Herbert B. Tanowitz, M.D.

Witnesses for Respondent:

Odessa Murray

Patient D

Louis Parrish, M.D.

Deliberations Held:

November 13, 1995

January 17, 1996

### **STATEMENT OF CASE**

The Respondent was charged with thirty specifications of professional misconduct. The specifications include practicing with gross incompetence, gross negligence, practicing with incompetence on more than one occasion, practicing with negligence on more than one occasion, ordering of excessive treatment and failure to maintain records. The charges arose from the Respondent's treatment of seven patients from 1987 through 1994. A copy of the Statement of Charges is attached to this Determination and Order as Appendix I.

## **FINDINGS OF FACT**

The following Findings of Fact were made after a review of the entire record in this matter. All Findings and Conclusions herein are the unanimous determination of the Hearing Committee unless noted by an asterisk. Having heard testimony and considered evidence presented by the Department of Health and the Respondent respectively, the Hearing Committee hereby makes the following findings of fact. 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 Hearing Committee in arriving at a particular finding. All Findings of Fact made by the Hearing Committee were established by at least a preponderance of the evidence.

## **GENERAL FINDINGS**

1. LOUIS PARRISH, M.D., (hereinafter " Respondent"), was authorized to practice medicine in New York State on July 20, 1954, by the issuance of license number 075354 by the New York State Education Department. (ALJ Exhibit 1)
2. The rectal swab technique described in the article that Respondent co-authored is the technique that he used on all of his patients, including patients A through G. (Transcript page [hereinafter "T."] 574; Petitioner's Exhibit [hereinafter "Pet.Ex."] 6)
3. Petitioner's expert, in offering his opinions, assumed that the rectal swab referred to in Respondent's patient records utilized the method that was described

in the paper co-authored by Respondent entitled The Bueno-Parrish Method for Diagnosis of Intestinal Protozoa. (T. 31; Pet.Ex. 6)

4. There are no controlled studies which have been done of the use of Intestinalis. (T. 552)

5. On Respondent's patient records, laboratory report slips, and laboratory requisition slips, the words "rectal smear" refer to a test for yeast, monilia, cryptosporidium, entameba histolytica or giardia lamblia. (T. 553)

6. A wet mount of a fresh stool specimen is not sufficient to properly diagnose intestinal protozoa. One cannot make a reliable diagnosis on the basis of a wet mount. (T. 44)

7. Ameba and Giardia are not difficult parasites to treat. There is no data to support the contention that Entameba histolytica in the United States is resistant to Flagyl, or that Giardia lamblia is resistant to Atabrine or Flagyl. (T. 372-73)

8. Respondent believes that there is no danger from multiple continuous courses of iodoquinol, except to children who in seven or eight reported cases took iodoquinol in a larger dose and over a longer period of time than Respondent would recommend and developed optic nerve damage. (T. 580)

9. Possible side effects or adverse reaction to Iodoquinol include skin rashes and thyroid enlargement. (T. 60-61)

10. Respondent believes that there is no danger from multiple continuous courses of metronidazole. (T. 580-581)

11. The only definitive method of evaluating a patient for enterobic protozoa such as E. histolytica and Giardia is by stool examination. (T. 342)\*

12. The accuracy of Respondent's rectal swab technique has not been established. (T. 365)\*

13. Respondent's rectal swab technique suffers from probable insensitivity

(false negativity). (T. 367)\*

14. In making the diagnosis of *Entameba histolytica* or any other parasite is present, the protozoa or helminth requires a sufficient amount of stool. The amount of stool that is obtained on a rectal swab is a small fraction of what really needs to be looked at. (T. 368)

15. In making the diagnosis that *Entameba histolytica* or any other parasite is present, a fixed and stained slide of the stool sample must be made and examined. (T. 33-36, 45, 189-190)

16. Whether or not cysts and/or trophozoites are present in the stool sample should be noted in a patient's record since this may affect the subsequent course of treatment. (T. 46)

#### **PATIENT A**

17. On or about September 29, October 13, and October 28, 1994, Patient A, a 34 year old male (all ages are at the commencement of treatment), visited Respondent at his office at 242 East 72nd Street, New York, New York, complaining of continual diarrhea contracted while traveling in Israel. (T. 21, 23-25; Pet. Ex. 2-A)

18. Respondent's medical history of this patient should have included a characterization of his abdominal pain, whether or not there was any nausea or vomiting, frequency of bowel movement, whether or not there was rectal bleeding and whether he had any fever, chills or rashes. It did not include this information. (T. 25-26; Pet. Ex. 2-A)

19. Respondent's physical examination of this patient should have included a general physical examination covering the head, eyes, ears, nose, throat, chest, extremities, skin, temperature, vital signs and a detailed examination of the patient's abdomen noting tenderness and bowel sounds. This patient's physical

examination did not include these things. (T. 26-28; Pet. Ex. 2-A)

20. Diagnostic studies for this patient should have included a complete blood count with a differential and a complete defecated stool sample examination. They did not include this. (T. 30, 32, 34, 42; Pet. Ex. 2-A)

21. Respondent failed to make and/or keep fixed and stained slides of parasitology specimens taken from Patient A. (T. 32-36; Res. Ex. A; Pet. Ex. 2-A)

22. Respondent failed to note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient A. (T. 45; Pet. Ex. 2-A)

23. Respondent's records for Patient A should have included reports of laboratory tests and specific dosages of drugs prescribed. They did not include this information. (T. 50-51, 59; Pet. Ex. 2-A)

## **PATIENT B**

24. Between approximately March 2, 1993 and July 28, 1993, Patient B, a 34 year old female, made numerous visits to Respondent at his office at 242 East 72nd Street, New York, New York, complaining of a stomach virus and gas. (T. 133-35; Pet. Ex. 2-B)

25. Respondent's physical examination of this patient should have included a general physical examination covering the head, eyes, ears, nose, throat, chest, extremities, skin, temperature, vital signs, a detailed examination of the patient's abdomen noting any tenderness and an examination of the patient's chest. This patient's physical examination did not include these things. (T. 137-138; Pet. Ex. 2-B)\*

26. Respondent did not make fixed and stained slides of parasitology specimens taken from Patient B. (T. 155-56, 189-90; Res.Ex. A; Pet. Ex. 2-B)

27. Respondent did not note whether there were cysts or trophozoites

present in the parasitology specimens taken from Patient B. (T. 157; Pet. Ex. 2-B)

28. Respondent's records for Patient B should have included reports of laboratory tests and specific dosages of drugs prescribed. They did not include this information. (T.158; Pet. Ex. 2-B)

### **PATIENT C**

29. Between approximately February 14, 1989 and January 11, 1990, Patient C, a 35 year old female, made numerous visits to Respondent at his office at 148 East 84th Street, New York, New York, complaining of diarrhea and abdominal cramps. (T.250-51; Pet. Ex. 2-C)

30. Respondent's medical history of this patient should have included a characterization of his abdominal pain, whether or not there was any nausea or vomiting associated with the pain, frequency of bowel movement, whether or not there was rectal bleeding and whether she had any fever, chills or rashes. It did not include this information. (T. 251; Pet. Ex. 2-C)

31. Respondent's physical examination of this patient should have included a general physical examination covering the head, eyes, ears, nose, throat, chest, extremities, skin, temperature, vital signs and a detailed examination of the patient's abdomen noting tenderness and bowel sounds. This patient's physical examination did not include these things. (T. 251-252; Pet. Ex. 2-C)

32. Diagnostic studies for this patient should have included a complete blood count with a differential and a complete defecated stool sample examination. They did not include this. (T. 252-253; Pet. Ex. 2-C)

33. Respondent failed to make and/or keep fixed and stained slides of parasitology specimens taken from Patient C. (T. 253; Res. Ex. A; Pet. Ex. 2-C)

34. Respondent relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient C. (T.253; Pet. Ex. 2-C)

35. Respondent did not always note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient C. (T. 253-254; Pet. Ex. 2-C)

36. Respondent diagnosed Patient C as suffering from Entamoeba histolytica and Giardia lamblia without an adequate basis for the diagnosis. (T. 254; Pet. Ex. 2-C)

37. Respondent treated Patient C for Entamoeba Histolytica and Giardia lamblia without an adequate diagnostic basis for the treatment. (T. 254-56, Pet. Ex. 2-C)

38. Respondent inappropriately treated Patient C with the drugs Protozide, iodoquinol, Atabrine, nystatin, carbarsone, metronidazole, tetracycline, and Humatin, and with rectal ozone therapy. (T. 255-58; Pet. Ex. 2-C)

39. Respondent's records for Patient C should have included reports of laboratory tests and specific dosages of all drugs prescribed. They did not include this information. (T.259; Pet. Ex. 2-C)

#### PATIENT D

40. Between approximately January 14, 1988 and June 11, 1990, Patient D, a 53 year old male, made numerous visits to Respondent at his office at 148 East 84th Street, New York, New York, complaining of diarrhea. (T. 294-95; Pet. Ex. 2-D)

41. Respondent's medical history of this patient should have included an investigation of how many bowel movements there were per day, whether or not there was blood present in the bowel movement and whether he had any fever,

chills or rashes. It did not include this information. (T. 295; Pet. Ex. 2-D)

42. Respondent's physical examination of this patient should have included a general physical examination covering the head, eyes, ears, nose, throat, chest, extremities, skin, temperature, vital signs and a detailed examination of the patient's abdomen noting tenderness and bowel sounds. This patient's physical examination did not include these things. (T. 295; Pet. Ex. 2-D)

43. Diagnostic studies for this patient should have included a complete blood count with a differential and a complete defecated stool sample examination. They did not include this. (T. 295-296; Pet. Ex. 2-D)

44. Respondent did not make and/or keep fixed and stained slides of parasitology specimens taken from Patient D. (T. 296; Res. Ex. A; Pet. Ex. 2-D)

45. Respondent relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient D. (T.296-297; Pet. Ex. 2-D)

46. Respondent did not always note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient D. (T. 297; Pet. Ex. 2-D)

47. Respondent diagnosed Patient D as suffering from Entamoeba histolytica without an adequate basis for the diagnosis. (T. 297-298; Pet. Ex. 2-D)

48. Respondent treated Patient D for Entamoeba Histolytica without an adequate diagnostic basis for the treatment. (T. 298-300; Pet. Ex. 2-D)

49. Respondent inappropriately treated Patient D with the drugs metronidazole, iodoquinol, carbarsone, tetracycline, protozide and Intestinalis. (T. 298-300; Pet. Ex. 2-D)

## **PATIENT E**

50. On or about August 25, October 27, 1987 and March 7, 1988, Patient

E, a 34 year old male, visited Respondent at his office at 148 East 84th Street, New York, New York, having been referred by another doctor for a workup for intestinal parasites. (T. 317-318; Pet. Ex. 2-E)

51. Diagnostic studies for this patient should have included a complete blood count with a differential and a complete defecated stool sample examination. They did not include this. (T. 324; Pet. Ex. 2-E)

52. Respondent did not make and/or keep fixed and stained slides of parasitology specimens taken from Patient E. (T. 324-325; Res. Ex. A; Pet. Ex. 2-E)

53. Respondent relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient E. (T.325; Pet. Ex. 2-E)

54. Respondent did not note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient E. (T. 325-326; Pet. Ex. 2-E)

55. Respondent diagnosed Patient E as suffering from Entamoeba histolytica without an adequate basis for the diagnosis. (T. 326; Pet. Ex. 2-E)

56. Respondent treated Patient E for Entamoeba Histolytica without an adequate diagnostic basis for the treatment. (T. 326; Pet. Ex. 2-E)

57. Respondent inappropriately treated Patient E with the drugs metronidazole and tetracycline. (T. 326-327; Pet. Ex. 2-E)

## **PATIENT F**

58. From approximately July 27, 1987 through May 31, 1988, Patient F. a

35 year old female, made numerous visits to Respondent at his office at 148 East 84th Street, New York, New York, having presented originally for a workup for parasites. (T. 333-334; Pet. Ex. 2-F)

59. Diagnostic studies for this patient should have included a complete defecated stool sample examination. They did not include this. (T. 335-336; Pet. Ex. 2-F)

60. Respondent did not make and/or keep fixed and stained slides of parasitology specimens taken from Patient F. (T. 337; Res. Ex. A; Pet. Ex. 2-F)

61. Respondent relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient F. (T. 325; Pet. Ex. 2-E)

62. Respondent did not note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient F. (Pet. Ex. 2-F)

63. Respondent diagnosed Patient F as suffering from Entamoeba histolytica and Giardia lamblia without an adequate basis for the diagnosis. (T. 337-338; Pet. Ex. 2-F)

64. Respondent treated Patient F for Entamoeba Histolytica and Giardia lamblia without an adequate diagnostic basis for the treatment. (T. 338; Pet. Ex. 2-F)

65. Respondent inappropriately treated Patient F with the drugs carbarson, metronidazole, Protozide, Atabrine and iodoquinol. (T. 338-340; Pet. Ex. 2-F)

## **PATIENT G**

66. Between approximately April 9, 1990 and June 28, 1990, Patient G, a male (of unknown age), made several visits to Respondent at his office at 148

East 84th Street, New York, New York, having been previously diagnosed by a gastro-intestinal specialist as suffering from irritable bowel syndrome. (T. 357; Pet. Ex. 2-G)

67. Respondent's physical examination of this patient should have included a general physical examination covering the head, eyes, ears, nose, throat, chest, extremities, skin, temperature, vital signs and a detailed examination of the patient's abdomen. This patient's physical examination did not include these things. (T. 360; Pet. Ex. 2-G)

68. Respondent did not make and/or keep fixed and stained slides of parasitology specimens taken from Patient G. ( Res. Ex. A; Pet. Ex. 2-G)

69. Respondent did not note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient G. (T. 362; Pet. Ex. 2-G)

70. Respondent's records for Patient G should have included reports of laboratory tests and specific dosages of all drugs prescribed. They did not include this information. (T.363; Pet. Ex. 2-G)

### **Conclusions**

The following conclusions were made pursuant to the Findings of Fact listed above. The Hearing Committee concluded that the following Factual Allegations were 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

each Factual Allegation:

**Paragraph A:** (17);

**Paragraph A.1:** (18);

**Paragraph A.2:** (19);

**Paragraph A.3:** (20)\*except for that part of the factual allegation which alleges that the Respondent failed to perform or order a proper stool sample;

**Paragraph A.4:** (21);

**Paragraph A.6:** (16,22);

**Paragraph A.10:** (23);

**Paragraph B:** (24);

**Paragraph B.2:** (25);

**Paragraph B.4:** (26);

**Paragraph B.6:** (16,27)\*;

**Paragraph B.10:** (28);

**Paragraph C:** (29);

**Paragraph C.1:** (30);

**Paragraph C.2:** (31);

**Paragraph C.3:** (32);

**Paragraph C.4:** (33);

**Paragraph C.5:** (11,12,13 and 34)\*;

**Paragraph C.6:** (16,35)\*;

**Paragraph C.7:** (36);

**Paragraph C.8:** (37);

**Paragraph C.9:** (38);

**Paragraph C.10:** (39);

**Paragraph D:** (40);

**Paragraph D.1:** (41)\*;

**Paragraph D.2:** (42)\*;  
**Paragraph D.3:** (43);  
**Paragraph D.4:** (44);  
**Paragraph D.5:** (11, 12, 13, 45)\*;  
**Paragraph D.6:** (16,46)\*;  
**Paragraph D.7:** (47);  
**Paragraph D.8:** (48);  
**Paragraph D.9:** (49) with the exception of the drug erythromycin;  
**Paragraph E:** (50);  
**Paragraph E.3:** (51);  
**Paragraph E.4:** (52);  
**Paragraph E.5:** (11, 12, 13, 53)\*;  
**Paragraph E.6:** (16,54)\*;  
**Paragraph E.7:** (55)\*;  
**Paragraph E.8:** (56)\*;  
**Paragraph E.9:** (57)\*;  
**Paragraph F.:** (58);  
**Paragraph F.3:** (59)\*;  
**Paragraph F.4:** (60);  
**Paragraph F.5:** (61)\*;  
**Paragraph F.6:** (16,62);  
**Paragraph F.7:** (63)\*;  
**Paragraph F.8:** (64)\*;  
**Paragraph F.9:** (65)\*;  
**Paragraph G.:** (66);  
**Paragraph G.2:** (67);  
**Paragraph G.4:** (68);

**Paragraph G.6:** (16,69)\*;

**Paragraph G.10:** .(70).

The Hearing Committee further concluded that the following Specifications should **be sustained**. The citations in parentheses refer to the Factual Allegations from the Statement of Charges, which support each specification:

**PRACTICING THE PROFESSION WITH INCOMPETENCE**  
**ON MORE THAN ONE OCCASION**

**Fifteenth Specification:** (Paragraphs A. and A.1-4 [except as noted above], 6 and 10; B. and B.2, 4, 6 and 10; C. and C.1-10; D. and D.1-9[except as noted above]; E. and E.3-9; F. and F.3-9; and G. and G.2, 4, 6 and 10).

**PRACTICING THE PROFESSION WITH NEGLIGENCE**  
**ON MORE THAN ONE OCCASION**

**Sixteenth Specification:** (Paragraphs A. and A.1-4 [except as noted above], 6 and 10; B. and B.2, 4, 6 and 10; C. and C.1-10; D. and D.1-9[except as noted above]; E. and E.3-9; F. and F.3-9; and G. and G.2, 4, 6 and 10)\*.

## **ORDERING OF EXCESSIVE TREATMENT**

**Nineteenth Specification:** (Paragraphs C., and C.1-10)\*;

**Twentieth Specification:** (Paragraphs D., and D.1.-9[except as noted above] )\*;

**Twenty-first Specification:** (Paragraphs E., and E.3-9)\*;

**Twenty-second Specification:** (Paragraphs F., and F.3-9)\*;

## **FAILURE TO MAINTAIN RECORDS**

**Twenty-fourth Specification:** (Paragraphs A., and A.10);

**Twenty-fifth Specification:** (Paragraphs B., and B.10);

**Twenty-sixth Specification:** (Paragraphs C., and C.10);

**Thirtieth Specification:** (Paragraphs G., and G.10);

## **DISCUSSION**

Respondent was charged with thirty specifications alleging professional misconduct within the meaning of Education Law §6530. This statute sets forth numerous forms of conduct which constitute professional misconduct. During the course of its deliberations on these charges, the Hearing Committee consulted a memorandum prepared by Peter J. Millock, Esq., General Counsel for the Department of Health. This document, entitled "Definitions of

Professional Misconduct Under the New York Education Law", sets forth suggested definitions for negligence and incompetence in the practice of medicine.

The following definitions were utilized by the Hearing Committee during its deliberations:

**Negligence** is the failure to exercise the care that would be exercised by a reasonably prudent licensee under the circumstances.

**Incompetence** is a lack of the skill or knowledge necessary to practice the profession.

**Gross Negligence** is the failure to exercise the care that would be exercised by a reasonably prudent physician under the circumstances, and which failure is manifested by conduct that is egregious or conspicuously bad.

**Gross Incompetence** is an unmitigated lack of the skill or knowledge necessary to perform an act undertaken by the licensee in the practice of medicine.

Using the above-referenced definitions as a framework for its deliberations, the Hearing Committee, based on a preponderance of the evidence, concluded that the above noted specifications of professional misconduct should be sustained. The rationale for the Committee's conclusions is set forth below.

The Petitioner presented Herbert B. Tanowitz, M.D. as its expert witness. Dr. Tanowitz is a physician who is board certified in internal medicine and is also board certified and specializes in infectious diseases. Dr. Tanowitz is a professor of Medicine and Pathology at Albert Einstein College of Medicine and is the associate director of the clinical parasitology laboratory affiliated with that

school. There was no evidence of any bias on the part of Dr. Tanowitz or of his unsuitability as an expert witness. The Hearing Committee found him to be a credible witness. Dr. Tanowitz repeatedly testified that the Respondent's treatment of Patients A through G was deficient in various aspects. Often the patient's medical history and/or physical examination was not adequate and did not meet acceptable standards of medical care. In the majority of the patient's presented diagnostic studies which should have been done were not, leading to diagnoses and treatments which were without an adequate basis. Additionally, in a majority of the patients presented the Committee found the Respondent's records were not adequate. The Respondent did not present his own expert to refute any of the testimony presented by the Petitioner.

The Respondent's current medical practice is primarily devoted to treating patients whose symptoms involve intestinal disorder and/or discomfort and who are suspected of having enteric protozoa. Many of the allegations which purportedly supported the charges of misconduct stemmed from the Respondent's use of the "rectal swab technique." This procedure involved using a cotton swab to obtain a small stool sample directly from the patient's rectum as opposed to using a defecated stool sample and analyzing the sample for the presence of parasites. The Hearing Committee determined that the Respondent's reliance on this technique to make a diagnosis was unjustified. The Respondent did not present any scientific proof of the validity of this test as a diagnostic tool.

For those patients where there was unjustified reliance on the rectal swab test it followed that the diagnoses, treatment and drug therapy were found to have no medical justification. In those instances where the Respondent performed other diagnostic tests in addition to the rectal swab test, the Committee determined that the factual allegations relating to inappropriate reliance on that test, inappropriate diagnoses and treatments were not sustainable.

The Committee did not find the Respondent's conduct amounted to either gross incompetence or gross negligence as defined above .

### **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 suspended**. The terms of the probation are set forth in Appendix II. This suspension shall remain in effect until the respondent completes a two-month full-time educational and training program in clinical and laboratory parasitology at a site and under the direct supervision of someone approved by the State Department of Health Office of Professional Medical Conduct. 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's practice consists primarily of treating patients who have intestinal disorders. The record is also clear that the Respondent in the treatment of these patients, is utilizing a scientifically unproven test in making his diagnosis. The Respondent's conduct indicates he needs training and education in the field of parasitology before continuing his practice.

**ORDER**

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

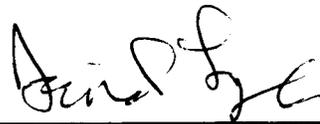
1. The Fifteenth, Sixteenth, Nineteenth through Twenty-second, Twenty-fourth through Twenty-sixth and Thirtieth Specifications of professional misconduct, as set forth in the Statement of Charges (Appendix I) are

**SUSTAINED;**

2. Respondent's license to practice medicine in New York State be and hereby is **SUSPENDED**, the terms of the suspension are contained in Appendix II, attached hereto and made a part of this Determination and Order.

DATED: Schenectady, New York

MARCH 19, 1996



**DAVID T. LYON, M.D. (CHAIR)**

JOHN L.S. HOLLOMAN, JR., M.D.  
NANCY J. MACINTYRE, R.N. Ph. D.

TO: Paul Stein, Esq.  
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Louis Parrish, M.D.  
242 East 72nd Street  
New York, New York 10021

**APPENDIX I**

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

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In the Matter : STATEMENT  
of : OF  
LOUIS PARRISH, M.D. : CHARGES  
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LOUIS PARRISH, M.D., the Respondent, was authorized to practice as a physician in New York State on July 20, 1954 by the issuance of license number 075354 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about September 29, October 13, and October 28, 1994, Patient A (all patients are identified in Appendix A), a 37<sup>1/4</sup> year old male (all ages are at the commencement of treatment), visited Respondent at his office at 242 East 72nd Street, New York, New York, complaining of continual diarrhea contracted while traveling in Israel.
1. Respondent failed to take an adequate history from Patient A.
  2. Respondent failed to perform an adequate physical examination of Patient A.
  3. Respondent failed to perform or order appropriate diagnostic studies on Patient A, including, but not limited to a proper stool examination.

4. Respondent failed to make and keep adequate fixed and stained slides of parasitology specimens taken from Patient A.
  5. Respondent inappropriately relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient A.
  6. Respondent inappropriately failed to note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient A.
  7. Respondent diagnosed Patient A as suffering from Giardia lamblia, Entamoeba histolytica, and Enterobius vermicularis without an adequate basis for the diagnoses.
  8. Respondent treated Patient A for Giardia lamblia, Entamoeba histolytica, and Enterobius vermicularis without an adequate diagnostic basis for the treatment.
  9. Respondent inappropriately treated Patient A with the drugs Atabrine, Vermox, and Flagyl (metronidazole).
  10. Respondent failed to keep an adequate record for Patient A, including, but not limited to, the failure to maintain reports of laboratory tests and the failure to specify dosages of drugs prescribed.
- B. Between approximately March 2, 1993 and July 28, 1993, Patient B, a 34 year old female, made numerous visits to Respondent at his office at 242 East 72nd Street, New York, New York, complaining of a stomach virus and gas.

1. Respondent failed to take an adequate history from Patient B.
2. Respondent failed to perform an adequate physical examination of Patient B.
3. Respondent failed to perform or order appropriate diagnostic studies on Patient B, including, but not limited to a proper stool examination.
4. Respondent failed to make and keep adequate fixed and stained slides of parasitology specimens taken from Patient B.
5. Respondent inappropriately relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient B.
6. Respondent inappropriately failed to note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient B.
7. Respondent diagnosed Patient B as suffering from *Giardia lamblia*, *Entamoeba histolytica*, and *Enterobius vermicularis* without an adequate basis for the diagnoses.
8. Respondent treated Patient B for *Giardia lamblia*, *Entamoeba histolytica*, and *Enterobius vermicularis* without an adequate diagnostic basis for the treatment.
9. Respondent inappropriately treated Patient B with the drugs iodoquinol, Atabrine, Vermox, Flagyl, and Intestinalis.
10. Respondent failed to keep an adequate record for

Patient B, including, but not limited to, the failure to maintain reports of laboratory tests and the failure to specify dosages of drugs prescribed.

C. Between approximately February 14, 1989 and January 11, 1990, Patient C, a 35 year old female, made numerous visits to Respondent at his office at 148 East 84th Street, New York, New York, complaining of diarrhea and intestinal cramps.

1. Respondent failed to take an adequate history from Patient C.
2. Respondent failed to perform an adequate physical examination of Patient C.
3. Respondent failed to perform or order appropriate diagnostic studies on Patient C, including, but not limited to a proper stool examination.
4. Respondent failed to make and keep adequate fixed and stained slides of parasitology specimens taken from Patient C.
5. Respondent inappropriately relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient C.
6. Respondent inappropriately failed to note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient C.
7. Respondent diagnosed Patient C as suffering from

Entamoeba histolytica and Giardia lamblia without an adequate basis for the diagnosis.

8. Respondent treated Patient C for Entamoeba Histolytica and Giardia lamblia without an adequate diagnostic basis for the treatment.
9. Respondent inappropriately treated Patient C with the drugs Protozide, iodoquinol, Atabrine, nystatin, carbarsone, metronidazole, tetracycline, and Humatin, and with rectal ozone therapy.
10. Respondent failed to keep an adequate record for Patient C, including, but not limited to, the failure to maintain reports of laboratory tests and the failure to specify dosages of drugs prescribed.

D. Between approximately January 14, 1988 and June 11, 1990, Patient D, a 53 year old male, made numerous visits to Respondent at his office at 148 East 84th Street, New York, New York, complaining of diarrhea.

1. Respondent failed to take an adequate history from Patient D.
2. Respondent failed to perform an adequate physical examination of Patient D.
3. Respondent failed to perform or order appropriate diagnostic studies on Patient D, including, but not limited to a proper stool examination.
4. Respondent failed to make and keep adequate fixed and

- stained slides of parasitology specimens taken from Patient D.
5. Respondent inappropriately relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient D.
  6. Respondent inappropriately failed to note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient D.
  7. Respondent diagnosed Patient D as suffering from *Entamoeba histolytica* without an adequate basis for the diagnosis.
  8. Respondent treated Patient D for *Entamoeba histolytica* without an adequate diagnostic basis for the treatment.
  9. Respondent inappropriately treated Patient D with the drugs tetracycline, erythromycin, iodoquinol, Intestinalis, and carbarsone.
  10. Respondent failed to keep an adequate record for Patient D, including, but not limited to, the failure to maintain reports of laboratory tests and the failure to specify dosages of drugs prescribed.
- E. On or about August 25, August 31, and October 27, 1987 and March 7, 1988, Patient E, a 34 year old male, visited Respondent at his office at 148 East 84th Street, New York, New York, having been referred by another doctor for a workup for intestinal parasites.

1. Respondent failed to take an adequate history from Patient E.
2. Respondent failed to perform an adequate physical examination of Patient E.
3. Respondent failed to perform or order appropriate diagnostic studies on Patient E, including, but not limited to a proper stool examination.
4. Respondent failed to make and keep adequate fixed and stained slides of parasitology specimens taken from Patient E.
5. Respondent inappropriately relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient E.
6. Respondent inappropriately failed to note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient E.
7. Respondent diagnosed Patient E as suffering from *Entamoeba histolytica* without an adequate basis for the diagnosis.
8. Respondent treated Patient E *Entamoeba histolytica* without an adequate diagnostic basis for the treatment.
9. Respondent inappropriately treated Patient E with the drugs tetracycline and metronidazole.
10. Respondent failed to keep an adequate record for Patient E, including, but not limited to, the failure to maintain reports of laboratory tests and the failure to specify dosages of drugs prescribed.

F. From approximately July 27, 1987 through May 31, 1988, Patient F, a 35 year old female, made numerous visits to Respondent at his office at 148 East 84th Street, New York, New York, having presented originally for a workup for parasites.

1. Respondent failed to take an adequate history from Patient F.
2. Respondent failed to perform an adequate physical examination of Patient F.
3. Respondent failed to perform or order appropriate diagnostic studies on Patient F, including, but not limited to a proper stool examination.
4. Respondent failed to make and keep adequate fixed and stained slides of parasitology specimens taken from Patient F.
5. Respondent inappropriately relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient F.
6. Respondent inappropriately failed to note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient F.
7. Respondent diagnosed Patient F as suffering from Giardia lamblia and Entamoeba histolytica without an adequate basis for the diagnosis.
8. Respondent treated Patient F for Giardia lamblia and

Entamoeba histolytica without an adequate diagnostic basis for the treatment.

9. Respondent inappropriately treated Patient F with the drugs carbarsone, metronidazole, Protozide, Atabrine and iodoquinol.
10. Respondent failed to keep an adequate record for Patient F, including, but not limited to, the failure to document how the diagnosis was arrived at, the failure to maintain reports of laboratory tests, and the failure to specify dosages of drugs prescribed.

G. Between approximately April 9, 1990 and June 28, 1990, Patient G, a male (of unknown age), made several visits to Respondent at his office at 148 East 84th Street, New York, New York, having been previously diagnosed by a gastro-intestinal specialist as suffering from irritable bowel syndrome.

1. Respondent failed to take an adequate history from Patient G.
2. Respondent failed to perform an adequate physical examination of Patient G.
3. Respondent failed to perform or order appropriate diagnostic studies on Patient G, including, but not limited to a proper stool examination.
4. Respondent failed to make and keep adequate fixed and stained slides of parasitology specimens taken from Patient G.

5. Respondent inappropriately relied on a procedure known as a "rectal swab" to diagnose intestinal parasites in Patient G.
6. Respondent inappropriately failed to note whether there were cysts or trophozoites present in the parasitology specimens taken from Patient G.
7. Respondent diagnosed Patient G as suffering from Entamoeba histolytica without an adequate basis for the diagnosis.
8. Respondent treated Patient G for Entamoeba Histolytica without an adequate diagnostic basis for the treatment.
9. Respondent inappropriately treated Patient G with the drugs iodoquinol, Atabrine, metronidazole, and Intestinalis.
10. Respondent failed to keep an adequate record for Patient G, including, but not limited to, the failure to maintain reports of laboratory tests and the failure to specify dosages of drugs prescribed.

SPECIFICATIONS

FIRST THROUGH SEVENTH SPECIFICATIONS

GROSS INCOMPETENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(6) (McKinney Supp. 1995) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

1. The facts in Paragraphs A and A1-10.
2. The facts in Paragraphs B and B1-10.
3. The facts in Paragraphs C and C1-10.
4. The facts in Paragraphs D and D1-10.
5. The facts in Paragraphs E and E1-10.
6. The facts in Paragraphs F and F1-10.
7. The facts in Paragraphs G and G1-10.

EIGHTH THROUGH FOURTEENTH SPECIFICATIONS

GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(4) (McKinney Supp. 1995) by practicing the profession of medicine with gross negligence as alleged in the facts of the following:

8. The facts in Paragraphs A and A1-10.
9. The facts in Paragraphs B and B1-10.
10. The facts in Paragraphs C and C1-10.
11. The facts in Paragraphs D and D1-10.
12. The facts in Paragraphs E and E1-10.

13. The facts in Paragraphs F and F1-10.
14. The facts in Paragraphs G and G1-10.

#### FIFTEENTH SPECIFICATION

##### INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(5) (McKinney Supp. 1995) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

15. The facts in Paragraphs A and A1-10, B and B1-10, C and C1-10, D and D1-10, E and E1-10, F and F1-10, and/or G and G1-10.

#### SIXTEENTH SPECIFICATION

##### NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3) (McKinney Supp. 1995) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

16. The facts in Paragraphs A and A1-10, B and B1-10, C and C1-10, D and D1-10, E and E1-10, F and F1-10, and/or G and G1-10.

SEVENTEENTH THROUGH TWENTY-THIRD SPECIFICATIONS

ORDERING OF EXCESSIVE TREATMENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(35) (McKinney Supp. 1995) by ordering of excessive tests, treatment or use of treatment facilities not warranted by the condition of the patients as alleged in the facts of the following:

17. The facts in Paragraphs A and A1-9.
18. The facts in Paragraphs B and B1-9.
19. The facts in Paragraphs C and C1-9.
20. The facts in Paragraphs D and D1-9.
21. The facts in Paragraphs E and E1-9.
22. The facts in Paragraphs F and F1-9.
23. The facts in Paragraphs G and G1-9.

TWENTY-FOURTH THROUGH THIRTIETH SPECIFICATIONS

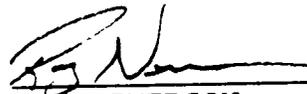
FAILING TO MAINTAIN A RECORD

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) (McKinney Supp. 1995) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient as alleged in the facts of the following:

24. The facts in Paragraphs A and A10.
25. The facts in Paragraphs B and B10.
26. The facts in Paragraphs C and C10.
27. The facts in Paragraphs D and D10.
28. The facts in Paragraphs E and E10.

29. The facts in Paragraphs F and F10.
30. The facts in Paragraphs G and G10.

DATED: New York, New York  
June / , 1995



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ROY NEMERSON  
Deputy Counsel  
Bureau of Professional Medical  
Conduct

APPENDIX II

## TERMS OF SUSPENSION

Dr. Parrish's license to practice medicine in the State of New York shall remain suspended until he successfully completes a two (2) month, full-time educational training program in the field of clinical and laboratory parasitology. The program's site, content and supervision must be acceptable to the New York State Department of Health, Office of Professional Medical Conduct (OPMC). Dr. Parrish must obtain prior written approval from OPMC of the site, program content and direct supervisor of said program to satisfy this condition. The cost of said program shall be the responsibility of Dr. Parrish. Prior approval and determination of successful completion of the program will be in the sole discretion of OPMC.