

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Patrice Langlois (CPSO# 73221)
(the Respondent)**

INTRODUCTION

The College received information reporting an adverse event at the Respondent's chronic pain clinic. In particular, a patient experienced numbness to the legs and partial paralysis of the right arm within an hour of receiving a cervical epidural steroid injection. When transported to hospital the patient was diagnosed with an epidural hematoma, requiring spinal cord decompression surgery and ongoing rehabilitation therapy. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a review of the Respondent's practice.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meetings of July 23 and December 1, 2021, and again on April 13, 2022. The Committee required the Respondent to appear before a Panel of the Committee with respect to his failure to fulfil his responsibilities as medical director in regard to following infection prevention and control (IPAC) best practices and adhering to out-of-hospital premises (OHP) guidelines regarding: 1) qualifications and licensing of clinic staff, namely having a second regulated health professional present with active BLS (basic life support) certification; and 2) patients driving after injections. The Committee also accepted an undertaking from the Respondent in which he agreed not to act as medical director of any OHP.

COMMITTEE'S ANALYSIS

As part of this investigation, the Registrar appointed an independent Assessor to review the patient's chart, interview the Respondent, and submit a written report to the Committee. On review of the information related to the patient's care, the Assessor found problems in the Respondent's practice, including:

- failure to have a second person that is a regulated health professional and holding BLS certification
- failure to use fluoroscopy to guide injections
- failure to use a post-operative MRI to ensure enough space for the needle
- use of non-sterile pliers to open vials
- failure to properly discharge the patient from the clinic (allowing the index patient to plan to drive home unaccompanied after the procedure).

The Committee noted that the patient in question experienced a rare complication of a procedure which the Respondent had done many times successfully, including on the patient.

Competing opinion reports from the Assessor and the Respondent's opinion provider disagreed with respect to the need for MRI and imaging for cervical epidural steroid injections. The Committee noted that the complication that occurred could have happened even with imaging/MRI.

The Committee remained concerned, however, about aspects of the Respondent's management of care, including his decision to schedule and complete the procedure without ensuring the patient had a ride home. This constituted a risk to the patient. Another risk to the patient occurred because the Respondent did not have personnel on hand who was a regulated health professional with active BLS certification. Furthermore, aspects of the Respondent's practice in the case reviewed did not conform to IPAC procedures, which also creates a risk to patients. The Committee determined that the above significant oversights in care would disqualify the Respondent from the role of medical director.

Given its concerns, the Committee required the Respondent to appear before a Panel of the Committee to be cautioned and accepted an undertaking from the Respondent, as set out above.

The above summary was revised due to a factual error in the decision previously issued from the Committee's meeting on December 1, 2021. The correction of the factual error by the Committee in its consideration of the matter on April 13, 2022 did not alter the original disposition of the Committee to require the Respondent to appear before a Panel of the Committee to be cautioned, and to accept an undertaking from him.