

## SUMMARY

### DR. HAROLD ABRAHAM PUPKO (CPSO# 52782)

#### 1. Disposition

On June 6, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered general practitioner Dr. Pupko to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Pupko to:

- Practice under the guidance of a Clinical Supervisor acceptable to the College for six months
- Undergo a reassessment of his practice by an assessor selected by the College approximately six months following completion of the education plan
- Complete a course in medical record-keeping
- Review the College's policy on *Medical Records*, and clinical practice guidelines on the use of stimulants/amphetamines in the elderly, and use of benzodiazepines and other sedatives for sleep disturbances with his Clinical Supervisor, and include a written summary of the documents.

#### 2. Introduction

A family member of the patient complained to the College that Dr. Pupko prescribed inappropriate medication to the patient, despite the patient's long history of mental health issues and drug dependency.

Dr. Pupko indicated that the patient had a long history of relationship difficulties and substance abuse posed, which posed a significant professional challenge to him from the outset; but that he nevertheless endeavoured to create a therapeutic relationship based on compassion and medical professionalism, and was able to make a contribution to help the patient achieve an improved level of stability and productivity in his life for a significant period of time. He also provided his rationale for prescribing certain medications to the patients.

### **3. Committee Process**

A General Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at [www.cpso.on.ca](http://www.cpso.on.ca), under the heading "Policies & Publications."

### **4. Committee's Analysis**

The College obtained an Independent Opinion (IO) from a general practitioner who opined that Dr. Pupko failed to meet the standard of practice, showed a lack of judgement and likely exposed the patient to harm. Among other things, the IO provider noted that Dr. Pupko failed to properly diagnose the patient and consider the patient's addiction history in the context of prescribing highly addictive medications; failed to properly monitor the patient and recognize/respond appropriately to indications of drug abuse; and failed to properly document his care. The Committee agreed with the IO provider's assessment, for the reasons that follow.

While not technically "amphetamines", the Committee noted that certain of the prescribed medications are central nervous system (CNS) stimulants and can lead to drug dependence; and that the combination of CNS stimulant, antidepressant and sedative medication had the potential for unpredictable drug interaction on the brain. The Committee was concerned that Dr. Pupko documented the patient's aberrant drug use over the years, which included increasing medication on his own (doubling the dosage), and claiming to have lost prescriptions, had prescriptions stolen, run out of medication early, and alleging that his wife threw out the medication. In the Committee's view, this record of abnormal drug use should have alerted a prudent physician to drug seeking behaviour, and led to a discussion with the patient on this issue or collaboration with/referral to other health care providers (such as a psychiatrist) with expertise in difficult/complex cases; however, this did not occur.

Furthermore, given the patient's history of drug abuse, the Committee would have expected to see a narcotic contract in place with periodic random drug testing. The lack of these tools, particularly with respect to a patient with a history of mental health issues and drug dependency, was troubling.

The Committee noted that in his response, Dr. Pupko did not appear to grasp the serious concerns and red flags surrounding prescribing controlled drugs to a patient with addiction issues, and he demonstrated a lack of insight into the patient's drug-seeking behaviour. The Committee acknowledged that Dr. Pupko provided an opinion from a psychiatrist on the matter, who was very supportive of Dr. Pupko's care (although the psychiatrist agreed that there were issues with Dr. Pupko's records). However, the Committee noted that this psychiatrist did not sufficiently address the issues of "lost prescriptions" and exceeding dosages; seemed to imply that stimulant prescriptions are not contraindicated in the face of previous opioid addiction even when the stimulants were over-used by the patient; and appeared to discount the need for objective testing (questionnaires and drug screens), which, in the Committee's view, were quite necessary in this context. For this reason, the Committee could not place much weight on this opinion, and it did not change their view that Dr. Pupko's prescribing in this case was inappropriate and not in the patient's best interest.

The Committee concurred with the IO provider that incorporation of testing or scoring of mood and learning disorders, and drug testing when indicated, would improve the care that Dr. Pupko provides. Furthermore, the Committee noted that tools like urine drugs screens can help in objectifying assessments, which is crucial in a field of medicine such as psychiatry where there are no laboratory tests to confirm a diagnosis.

Overall, the Committee was of the view that the medical record was largely illegible, making it difficult to decipher the treatment plan and response to therapy. Dr. Pupko acknowledged that someone else reading his notes may be challenged in terms of their legibility, but he indicated that his records were fully legible to him. The Committee would note, however, that the record

must be legible to anyone reading it. Furthermore, Dr. Pupko's medical records lacked sufficient detail, including with respect to testing and exploring subjective history, as well as with respect to diagnoses and documentation around medication changes; and did not follow the SOAP format.

Given the above concerns, the Committee were of the view that Dr. Pupko required education/remediation, including with respect to his record-keeping (legibility, appropriate documentation of diagnoses and findings, and proper use of the SOAP format), his psychopharmacology, risk assessment for addiction, as well as his use of screening tools and tools for monitoring compliance with controlled drugs.