

## SUMMARY

### DR. MICHAEL JOSEPH RUMM (CPSO# 29677)

#### 1. Disposition

On October 10, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required general practitioner Dr. Rumm to appear before a panel of the Committee to be cautioned with respect to inappropriate prescribing to a family member, and failing to maintain appropriate boundaries. The Committee also directed Dr. Rumm to review and provide a written report on the College's policies, *Physician Treatment of Self, Family Members, or Others Close to Them* and *Consent to Treatment*.

#### 2. Introduction

A family member of the Patient, who held a power of attorney (POA) to make personal care decisions respecting the Patient, complained to the College that Dr. Rumm (who also was a family member of the Patient) provided medical care to the Patient contrary to the College policy, *Treating Self and Family Members*. Specifically, the Complainant was concerned that Dr. Rumm wrote several prescriptions for the Patient; referred the Patient to a geriatrician without consent from the Patient's POA; and influenced the medical care nursing home clinicians provided to the Patient.

Dr. Rumm responded that from time to time he wrote prescriptions for the Patient at the request of one of the Patient's family members. He explained that he did so for various reasons, such as when it would be difficult for the Patient to visit a physician due to mobility issues, to treat bug bites and minor cuts, and for dental pain. He issued a requisition for blood tests as a courtesy. He now recognizes his prescribing was contrary to College policy on treating self and family members, and will abide by the policy going forward.

Dr. Rumm asserted that the Patient was capable, so he did not require the permission of the Patient's POA when referring the Patient to a geriatrician; however, he acknowledged that he should have spoken to the Patient's physician at the long term care facility. He felt he was acting in the Patient's best interests, and was involved in the Patient's care as a concerned family member.

### **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**

As set out in the College policy on treating self and family members (both the current version and the one in effect at the time care was provided): Physicians should not treat either themselves or family members, except for a minor condition or in an emergency situation, and only when another qualified health care professional is not readily available. Where it is necessary to treat themselves or family members, physicians must transfer care to another qualified health professional as soon as is practical.

In our view, Dr. Rumm's involvement with care of the Patient did not fall into either of the exceptions set out in the policy, as the treatment provided to the Patient was not for a minor condition or for an emergency situation, and other health care professionals were readily available (either the Patient's family physician or the most responsible physician at the long term care facility).

The Committee was troubled that Dr. Rumm thought it was appropriate to “call in” prescriptions that had apparently been ordered by the Patient’s family doctor. If there were any concerns with whether all the prescriptions had been sent to the pharmacy or otherwise, the family should have contacted the Patient’s family doctor.

The Patient’s family doctor expressed frustration at Dr. Rumm’s interference in the Patient’s medical care, and the fact medication changes were made without his knowledge. The most responsible physician for the Patient at the long term care facility expressed similar concerns about Dr. Rumm’s interference with care.

Dr. Rumm referred the Patient to a geriatrician without involving the nursing home staff. Dr. Rumm’s referral led to a capacity assessment and subsequently the Patient appointed a new POA to make health care and financial decisions for them, and the new POA was a close relative of Dr. Rumm. This was very troubling to the Committee. There was a clear failure to maintain appropriate boundaries and Dr. Rumm was in a direct conflict of interest as he could benefit from the change in POA. Physicians need to be alert to their role and influence on a family member’s care when they are not the treating physician, particularly when there is an elderly and vulnerable patient and when there is family discord.

The Committee was also concerned that Dr. Rumm made treatment decisions for the Patient, without obtaining consent either from the Patient or the substitute decision maker, which is contrary to the *Health Care Consent Act* and the College policy, *Consent to Treatment*. Also, by prescribing to the Patient, Dr. Rumm did not comply with the College policy, *Prescribing Drugs*, which sets out that physicians must have current knowledge of the patient, normally obtained via an appropriate assessment, and must advise patients of the risks and benefits of the drug prescribed.

The Committee was very concerned by Dr. Rumm's failure to maintain appropriate boundaries, and the fact he provided treatment to the Patient (a member of his family) on numerous occasions, contrary to College policy. The Committee was satisfied that a caution in person with a review of College policies would address its concerns about Dr. Rumm's failure to maintain appropriate boundaries, and his inappropriate provision of care to a family member.