

SUMMARY

DR. RICHARD NAHAS (CPSO# 72330)

1. Disposition

On June 14, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required family physician Dr. Nahas to appear before a panel of the Committee to be cautioned with respect to improper consent, documentation, and examination of a patient and generally failing to follow the College's *Complementary/Alternative Medicine* policy.

The Committee also ordered Dr. Nahas to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Nahas to:

- Practice under the guidance of a Clinical Supervisor acceptable to the College for six (6) months to ensure, among other things, that elements of the *Complementary/Alternative Medicine* (CAM) policy are met and that medical record keeping is enhanced to include documentation of assessment, conventional diagnosis, CAM diagnosis, and consent discussion
- Undergo a reassessment of his practice by an assessor selected by the College approximately six (6) months following completion of the education program
- Attend and successfully complete the next available sessions of the following courses:
 - the Medical Record Keeping Course, through the University of Toronto
 - CMPA eLearning courses (Documentation and Documentation II: Principles of Medical Record Keeping)
- Engage in self-directed learning to include review and written summaries of the following College policy statements:
 - *Complementary/Alternative Medicine*
 - *Consent to Treatment*
 - *Medical Records*.

2. Introduction

A family member of the patient complained to the College that Dr. Nahas is providing complementary medicine to the patient without a medical indication to do so, including recommending chelation therapy for heavy metal poisoning on the basis of non-scientifically validated urinary testing, and further that Dr. Nahas is profiting from his unethical practices.

Dr. Nahas responded that he appreciates that there are concerns about the effectiveness of the type of treatment he provides and that for this reason it is his practice to consider prescribing and evaluating a therapeutic trial only after conventional treatment has been exhausted or has yielded unacceptable side effects. This is the approach to treatment he took with the patient. He admits that his documentation is lacking and notes that he has previously taken a medical record keeping course and as a result has changed his documentation and uses an electronic medical record with templates.

3. Committee Process

A Family Practice 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, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee found no information in the investigative record to support Dr. Nahas's claim that he instituted treatment after being satisfied conventional treatment had been exhausted. The Committee found Dr. Nahas's practice inconsistent with the CAM policy in a number of ways. In particular, Dr. Nahas's care of the patient did not conform with the following

requirements:

- Physicians providing CAM must reach a conventional diagnosis when assessing a patient
- If physicians also reach a CAM diagnosis, that diagnosis must be informed by evidence and science
- Any CAM therapeutic option that is recommended by physicians must be informed by evidence and science
- Regarding informed consent, physicians are expected to convey the extent to which the CAM diagnosis reached is supported by the conventional medical community
- Physicians must convey whether the therapeutic option is supported by the conventional medical community
- Physicians must convey a description of how the CAM therapeutic option compares to conventional medical interventions that would be offered to treat the same symptoms or condition.

The Committee found no information to suggest that Dr. Nahas is benefitting financially in an unethical manner, other than charging the patient for a treatment that is not supported by any good evidence.

The Committee commented on Dr. Nahas's history with the College which includes a similar complaint resulting in a previous caution to follow CAM policy and document properly.

The above concerns about Dr. Nahas's clinical care and poor documentation led the Committee to caution Dr. Nahas and order a SCERP.