

SUMMARY

DR. LINDA ANN ROBINSON (CPSO# 33705)

1. Disposition

On September 11, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required anesthesiologist Dr. Robinson to appear before a panel of the Committee to be cautioned with respect to her approach to prescribing cannabis for medical purposes, and with respect to conflict of interest concerns raised in the College’s investigation.

The Committee also accepted an undertaking from Dr. Robinson, dated August 24, 2017.

2. Introduction

In the course of another College investigation, a College-appointment Medical Inspector (“MI”) raised a number of concerns regarding Dr. Robinson’s epidural steroid injection procedures and her medical documents and management related to patients on medical cannabis.

Subsequently the Committee approved the Registrar’s appointment of investigators to conduct a review of these aspects of Dr. Robinson’s practice.

3. Committee Process

As part of this investigation, the Registrar appointed an MI to review a number of Dr. Robinson’s patient charts, interview Dr. Robinson, and submit a written report to the Committee.

A Panel of the Committee (consisting of physician and public members) constituted to consider cases that include narcotics prescribing issues met to review the relevant records and documents related to the investigation. 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 considered the report of the MI, who concluded that Dr. Robinson did not meet the standard of practice and displayed a lack of skill and judgement in her approach to both epidural steroid injections and medical cannabis prescribing. The MI noted deficiencies related to record-keeping, appropriate selection of patients, consent, prescribing the maximum duration of medical cannabis to every patient at the upper dose limit, and assessment of efficacy. The MI noted that with respect to epidural steroid injections, Dr. Robinson’s poor documentation made it difficult to determine whether there was a risk of harm, but it could be argued there is a risk of harm for patients in whom she injected repeated epidural steroid injections for limited/brief benefit in terms of pain, with no sustained functional benefit nor decrease in their opioid consumption. The MI was of the view that with respect to patients to whom Dr. Robinson had prescribed medical cannabis, there was a potential risk of harm through her use of the maximum recommended dosage for the maximum duration with no evidence of implementation of harm reduction strategies and no real evidence of ongoing follow-up assessment with respect to cannabis usage. The MI also noted a potential conflict of interest on the part of Dr. Robinson in relation to a licensed producer of medical cannabis to whom she referred patients.

For her part, Dr. Robinson reported that she did not administer epidural steroid injections any longer, but was only using minor and trigger point injections on some of her patients. Dr. Robinson described her relationship with the licensed cannabis producer in question, noting it was advisory in nature and she is not paid for sending the producer patients to register as customers. Dr. Robinson described a nominal honorarium she received from the producer for training activities, she said she is participating in a study involving the producer, and she received money from the producer in support of a poster she presented at a conference.

The MI wrote further to comment that given the number of injections Dr. Robinson would do simultaneously, it was hard to understand from her documentation what procedures she was actually performing, so the MI was unable to comment specifically on the peripheral nerve blocks and/or trigger point injections she performed. The MI noted the main concern was Dr. Robinson's documentation and the lack of clear documented consent.

As a result of this investigation and the MI's conclusions, the Committee had concerns about Dr. Robinson's approach to epidural steroid injections and medical cannabis prescribing. It noted that while Dr. Robinson has indicated she no longer performs epidural steroid injections, it needed further assurance in this regard. The Committee was also of the view that Dr. Robinson needed some supervision of her cannabis prescribing. Among other things, the Committee noted the MI's concern that Dr. Robinson did not appear to be doing any assessments and immediately prescribed patients with a maximum dose of medical cannabis for a year, and that this was not in accordance with the College policy, *Marijuana for Medical Purposes* (#8-16).

The Committee was also concerned about the apparent conflict of interest in Dr. Robinson's practice of signing patients up with a specific licensed cannabis producer with whom she has had direct involvement, including receiving remuneration for various activities. The Committee pointed out that this was not in accordance with the College policy, *Physicians' Relationships with Industry: Practice, Education and Research* (#2-14).

The Committee noted that its concerns would be satisfied, in part, if an undertaking could be obtained from Dr. Robinson to address the issues in question. Such an undertaking (which includes supervision, professional education and reassessment, as well as Dr. Robinson's agreement not to engage in epidural steroid injections) was obtained, and will be posted on the public register while it remains in effect.

In addition to accepting Dr. Robinson's undertaking, the Committee determined that it was also appropriate to require her to attend before a panel of the Committee to be cautioned about her approach to medical cannabis prescribing as well as the conflict of interest concerns raised in this investigation.