

**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. Nicholas Peter Koutras (CPSO# 63994)
General Practice
(the Respondent)**

INTRODUCTION

The College received information from a paediatric intensive care physician who had admitted a child patient to hospital for COVID-19 pneumonia. The patient had been given a prescription by the Respondent for ivermectin, fluvoxamine and Symbicort, all expressly for COVID-19. The pharmacist who filled the prescription indicated that the Respondent had prescribed ivermectin to other patients, based on what he claimed was his own research.

The Committee approved the Registrar's appointment of investigators to review the Respondent's care and conduct.

DISPOSITION

The Committee considered this matter at its meeting of August 8, 2023. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned regarding the importance of maintaining public trust and following public health and College guidance.

The Committee also decided to accept an undertaking from the Respondent, that included practice restrictions and professional education.

COMMITTEE'S ANALYSIS

As part of the investigation, the Committee retained two independent assessors. A specialist in family medicine (Assessor 1) reviewed the care the Respondent provided related to COVID-19 to number of patients. Assessor 1 concluded that the Respondent's use of non-recommended therapies in the treatment of COVID-19 did not meet the standard of practice of the profession, that he demonstrated a lack of knowledge, skills and judgment, and that his clinical practice was likely to expose his patients to harm or injury.

The Respondent provided a medical opinion by a family physician who practices family medicine, complementary medicine, and alternative medicine, who reviewed the safety profiles of ivermectin and hydroxychloroquine. The review did not involve any charts

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and was general in its conclusions around using off-label medications and informed consent when doing so.

The Committee subsequently retained Assessor 2, an internal medicine and infectious diseases specialist, who opined that the Respondent fell well below the expectations set in the College's Complementary and Alternative Medicine policy, due to a lack of appropriate counselling around the strength of evidence, alternatives, and potential harms, and a lack of documentation and informed consent. Assessor 2 pointed out that, at the time, there were recommendations strictly against the use of ivermectin due to it being ineffective.

The Respondent stated that he felt that he was morally obligated to help patients as best he knew how during a chaotic and uncertain time and saw the off-label use of these drugs as a means of doing so.

The Committee noted that the Respondent prescribed non-recommended therapies to patients for COVID-19, after reputable authorities had proscribed their use. The Respondent claimed that he was employing complementary-and-alternative-medicine-type practices although he did not follow these either in that strength of evidence and consent discussion were not thoroughly undertaken.

The Committee was of the view that remediation and improvement are required to achieve the following educational goals:

- to respect the College policies, public health guidance, and Ministry of Health directives during a declared pandemic;
- to understand how health misinformation spreads, its impact on public health, and ways to combat it;
- to improve critical appraisal skills in public health evidence, while mindful of confirmation bias;
- to review the prevention and treatment of COVID-19 in the outpatient setting, including when to direct patients to the Emergency Department;
- to appreciate the risk of QT prolongation and arrhythmia from certain drugs; and
- to document consent discussions for off-label prescribing and for complementary and alternative medicine.

The Committee acknowledged the Respondent's cooperation in this investigation and his willingness to seek a resolution that involved remediation.

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In light of the above, the Committee determined that it was appropriate to caution the Respondent and accept his undertaking, as outlined above.