

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Emad Samir Luka Guirguis, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the name or any information that could disclose the identity of the patients referred to orally or in the exhibits filed at the hearing under subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45... is guilty of an offence and on conviction is liable,

- (a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or
- (b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

**Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v. Guirguis, 2018
ONCPSD 47**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF ONTARIO**

IN THE MATTER OF a Hearing directed by
the Inquiries, Complaints and Reports Committee of the College of Physicians and Surgeons of
Ontario pursuant to Section 26(1) of the **Health Professions Procedural Code**
being Schedule 2 of the *Regulated Health Professions Act, 1991*,
S.O. 1991, c. 18, as amended.

B E T W E E N:

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

- and -

DR. EMAD SAMIR LUKA GUIRGUIS

PANEL MEMBERS:
DR. D. WALKER (Chair)
MS. G. SPARROW
DR. M. GABEL
MS D. GIAMPIETRI
DR. D. PITT

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

MS L. CADER

COUNSEL FOR DR. GUIRGUIS:

MR. E. LEDERMAN

INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MS J. MCALEER

Hearing Date: January 18, 2018
Finding Decision Date: January 18, 2018
Penalty Decision Date: August 24, 2018
Release of Written Reasons: August 24, 2018

PUBLICATION BAN

DECISION AND REASONS FOR DECISION

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on January 18, 2018. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and reserved its decision regarding penalty.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Emad Samir Luka Guirguis committed an act of professional misconduct:

1. under paragraph 1(1) 33 of O. Reg. 856/93, made under the *Medicine Act, 1991*, in that he has engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

RESPONSE TO THE ALLEGATIONS

Dr. Guirguis entered a plea of no contest to the allegation in the Notice of Hearing.

THE FACTS

The following facts were set out in the Statement of Uncontested Facts which was filed as an exhibit:

PART I – FACTS

1. Dr. Emad Samir Luka Guirguis (“Dr. Guirguis”) is 55 year old family physician practicing in Mississauga and in Oakville, Ontario. Dr. Guirguis received his certificate of registration authorizing independent practice from the College of Physicians and Surgeons of Ontario

(the “College”) in May 2007. At all relevant times, Dr. Guirguis practised in a group family medicine practice.

Incapacity Investigation

2. In May 2014, the College received information from a pharmacist and from a physician regarding Dr. Guirguis. The reports indicated that Dr. Guirguis had been forging prescriptions for Percocet for himself using the College registration number and signature of a colleague with whom he shared an office.
3. The College made preliminary inquiries into Dr. Guirguis’ capacity to practice medicine which later became a full incapacity investigation. In response to receiving notice of the College’s intent to conduct an incapacity investigation, Dr. Guirguis provided information to the College regarding his self-prescribing. Specifically, Dr. Guirguis admitted that he had written prescriptions to himself under another physician’s name. He explained that he takes Percocet in order to treat a men’s health related issue.
4. Percocet is the brand name of a narcotic medication. The generic name for the opiate pain reliever in Percocet is oxycodone hydrochloride. Oxycodone is a narcotic medication listed under the Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19.
5. Dr. Guirguis’ capacity was assessed by an independent specialist retained by the College (the “Assessor”). The Assessor did not conclude that Dr. Guirguis suffers from any disorder related to substance use or substance abuse.
6. The Assessor noted that there were no reports of Dr. Guirguis presenting under the influence of opioids while at work and no complaints from patients, colleagues or coworkers.

7. The Assessor also reported that Dr. Guirguis openly described his history, motivation and pattern of self-prescribing Percocet in 2013 and 2014. However, Dr. Guirguis only discussed writing prescriptions for himself under one colleague's name.

Section 75(1)(a) Investigation Regarding Prescribing

Self-prescribing

8. On the basis of information contained in the Assessor's report, the Inquiries, Complaints and Reports Committee ("ICRC") approved the appointment of investigators under section 75(1)(a) of the Health Professions Procedural Code in order to conduct an investigation into Dr. Guirguis' conduct, including his self-prescribing.
9. As part of the College's investigation, information was requested and obtained from the Ontario Ministry of Health and Long Term Care's Narcotics Monitoring System ("NMS") regarding all prescriptions for monitored drugs issued to Dr. Guirguis between April, 2012 and February, 2015. The data showed a total of 27 prescriptions during this period from two prescribers. One prescriber was the physician who was previously known to the College from the initial report. The second prescriber was another physician with whom Dr. Guirguis shared an office. Both of these physicians worked at the Oakville Medical Clinic with Dr. Guirguis during this period and all three names appear at the top of the Clinic's printed prescription pads.
10. Through its investigation the College learned that in addition to Percocet the 27 prescriptions forged by Dr. Guirguis included additional medications, such as Benzodiazepines, statins and nonsteroidal anti-inflammatories.

Prescribing to Family

11. During its investigation, the College also requested and obtained data regarding NMS prescriptions written by Dr. Guirguis for all patients between May, 2012 and May, 2016.

From a review of this information, it appears that on several occasions during this period Dr. Guirguis wrote prescriptions for controlled/monitored drugs for at least 3 members of his family.

12. Dr. Guirguis billed the Ontario Health Insurance Program for his treatment of these 3 family members; however, he does not have any medical records reflecting his prescriptions of controlled drugs or any other treatment of these family members.
13. Dr. Guirguis' conduct is not consistent with his professional obligations including as articulated in College Policy #2-16, "Physician Treatment of Self, Family Members or Others Close to Them" and an earlier version, College Policy #7-06, "Treating Self and Family Members", attached at Tab A [to the Statement of Uncontested Facts], which provide that physicians must not provide treatment for themselves or family members except:
 - (a) for a minor condition or in an emergency situation, and
 - (b) when another qualified health-care professional is not readily available.

These conditions were not present when Dr. Guirguis repeatedly treated his family members or himself.

14. Dr. Guirguis engaged in conduct that would reasonably be regarded by members as disgraceful, dishonourable or unprofessional in his forgery of prescriptions, in treating and prescribing controlled drugs to himself, and in treating and prescribing controlled drugs to family members.

PART II – NO CONTEST

15. Dr. Guirguis does not contest the facts in paragraphs 1 to 14 above.
16. Dr. Guirguis does not contest that the facts in paragraphs 1 to 14 above constitute

professional misconduct, in that he engaged in acts or omissions relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional, contrary to paragraph 1(1)(33) of O. Reg. 856/93.

PLEA OF NOT CONTEST - RULE 3.02 OF THE DISCIPLINE COMMITTEE'S RULES OF PROCEDURE

Rule 3.02 of the Discipline Committee's Rules of Procedure states:

3.02(1) Where a member enters a plea of no contest to an allegation, the member consents to the following:

- (a) that the Discipline Committee can accept as correct the facts alleged against the member on that allegation for the purposes of College proceedings only;
- (b) that the Discipline Committee can accept that those facts constitute professional misconduct or incompetence or both for the purposes of College proceedings only; and
- (c) that the Discipline Committee can dispose of the issue of what finding ought to be made without hearing evidence.

FINDING

The Committee accepted as correct all of the facts set out in the Statements of Uncontested Facts. Having regard to these facts, the Committee accepted Dr. Guirguis' plea and found that he committed an act of professional misconduct in that he engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional.

SUBMISSIONS ON PENALTY

Counsel for the College submitted that an appropriate penalty would consist of: a six-month suspension of Dr. Guirguis' certificate of registration; the imposition of terms conditions and limitations on his certificate of registration, including prohibition of prescribing of controlled substances for one year, prohibition of prescribing for family members, the requirement to submit to random urine drug screening for two years, and the requirement to complete an education program; and, a reprimand. College Counsel also submitted that Dr. Guirguis pay costs to the College of a one-day hearing, at the tariff rate of \$5,500.00.

Counsel for Dr. Guirguis submitted that an appropriate penalty would be: a three-month suspension of Dr. Guirguis' certificate of registration; prohibition of prescribing for family members; and, a reprimand.

Therefore, the parties disagree on the length of suspension – six months versus three months – and the practice restrictions of prohibition of prescribing controlled substances for one year, the requirement to submit to random drug screening for two years and the requirement to complete an education program. These issues are dealt with below after a review of the prior discipline cases that were submitted by the parties.

Case law

Counsel for the College and counsel for Dr. Guirguis referred to four previous Discipline Committee decisions.

CPSO v Adams, 2017 ONCPSD 22 (CanLII): This matter proceeded by way of a statement of uncontested facts and plea of no contest and joint proposal on penalty. The Committee made a finding of professional misconduct on the basis of failure to maintain the standard of practice of the profession as it was found that Dr. Adams had prescribed a compound not approved by Health Canada to a patient in his cosmetic medicine practice. The Committee also made a finding of disgraceful, dishonourable or unprofessional conduct as Dr. Adam had treated family

members on repeated occasions over four years for non-emergent issues. The Committee ordered a three-month suspension, the imposition of terms, conditions and limitations on his certificate of registration, including instruction in medical ethics, clinical supervision for six months and a reassessment after the completion of the supervision.

CPSO v. Gill 2016 ONCPSD 49 (CanLII): Dr. Gill admitted that he had engaged in disgraceful, dishonourable and unprofessional conduct, had contravened a term, condition or limitation on his certificate of registration and had been found guilty of an offence relevant to his suitability to practice. As a result of a relapse into addiction, Dr. Gill had engaged in a variety of misconduct in order to maintain a supply of narcotic opioids. Dr. Gill used narcotics that had been prescribed by other physicians for family members. He also prescribed narcotics for family members, but these narcotics were for his own consumption. He also solicited prescriptions from colleagues and forged other physicians' signatures in order to obtain narcotics. After a joint submission on penalty, the Committee ordered a five month suspension, the imposition of multiple terms, conditions and limitations on Dr. Gill's certificate of registration relating to his prescribing privileges and a reprimand. One point of distinction between Dr. Gill's case and Dr. Guirguis' case is that Dr. Gill suffered from an addiction. The Committee found Dr. Gill's ongoing and successful participation in the Physician Health Program to be a mitigating factor and recognized that chronic addiction is a disease. Dr. Guirguis has been assessed and the assessor did not conclude that he suffers from an addiction. We agree with the College's submission that this renders Dr. Guirguis more directly culpable for his prolonged and flagrant misconduct.

CPSO v. Irvine, 2011 ONCPSD 39 (CanLII): This case also proceeded by way of Agreed Statement of Facts and Admission and a joint submission on penalty. Dr. Irvine admitted that he had contravened the College policy "Treating Self and Family Members" and that he had engaged in conduct that would reasonably be regarded by members as disgraceful, dishonourable and unprofessional. The penalty included a four month suspension, and a reprimand. Dr. Irvine had prescribed medication for his wife and her son over a period of two and half years for various medications, in the order of 100 prescriptions. Although none of the prescriptions were for narcotics, they were for medication that had the potential to produce serious side effects.

CPSO v. Wu, 2008, ONCPSD 10 (CanLII): Dr. Wu admitted that he had engaged in act or omission relevant to the practice of medicine that, having regard to all of the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional and the parties put forth a joint proposal on penalty. Dr. Wu, who had a prior history with the College for prescribing to family members, had admitted that he had, on five occasions, prescribed medication for a family member. The Committee found that the reckless and fraudulent nature of the conduct, using family names, friends' names and even false names, on prescriptions warranted severe sanction. The Committee ordered that Dr. Wu's certificate of registration be suspended for three months, and a number of terms, conditions and limitations on his certificate of registration, including that he enroll in the Physician Health Program for co-dependency counselling and support for a twelve month period.

Counsel for Dr. Guirguis provided the Committee with two additional cases.

Re Carroll, 2008 OCPD 19: This case proceeded on the basis of an agreed statement of facts and admission and joint proposal on penalty. Dr. Carroll agreed that he engaged in disgraceful, dishonourable or unprofessional misconduct on the basis that he had repeatedly prescribed benzodiazepines contrary to a previously imposed restriction on his certificate of registration. Dr. Carroll was also found to have failed to maintain the standard of practice of the profession on the basis that: he overprescribed and inappropriately prescribed benzodiazepines and narcotic analgesics for chronic pain; he failed to properly record these prescriptions; he did not sufficiently monitor these prescriptions; he did not make efforts to withdraw medications and reduce dependency; and demonstrated a lack of judgment regarding the potential harmful effects of benzodiazepines and narcotic analgesics and their tendency to produce dependency. The Committee ordered that Dr. Carroll's certificate of registration be suspended for two months and the imposition of terms, conditions and limitations on his certificate of registration, including a prohibition on the prescription of narcotics or controlled drugs, the appointment of a practice monitor, and a reassessment of his practice.

Re Vasovich, 2015 ONCPSD 32: This case proceeded by way of agreed statement of facts and admission and joint proposal on penalty. Dr. Vasovich was a general practitioner. She was

engaged in a romantic relationship with Mr. X from 1996 to 2005. When she first became involved with Mr. X, he was under the care of another physician. From 1996 to 2012, she provided medical care to Mr. X. Mr. X also lent Dr. Vasovich money, including two loans in the amount of \$30,000 each in 2008. The Committee found that Dr. Vasovich had engaged in an act or omission relevant to the practice of medicine that having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. The Committee ordered a four-month suspension, and terms, conditions and limitations on her certificate of registration, in particular that she complete the College's boundaries course, and a reprimand.

The Committee considered the six cases, their similarities to Dr. Guirguis' case and the range of penalties imposed.

PENALTY AND REASONS FOR PENALTY

The Committee carefully considered the Statement of Uncontested Facts, the brief of documents regarding penalty submitted by the College, which included data demonstrating an increasing frequency and quantity of narcotics prescribed to Dr. Guirguis between May 2012 and April 2014, copies of Dr. Guirguis' 27 forged prescriptions and the submissions of counsel for Dr. Guirguis and counsel for the College.

The Committee considered the well-recognized penalty principles of specific deterrence and rehabilitation of Dr. Guirguis, general deterrence of the profession, protection of the public, and maintaining public confidence in the integrity of the profession and in the College's ability to regulate the profession in the public interest.

Mitigating factors

At the initial meeting with the College investigator, Dr. Guirguis admitted some of his misconduct. After a full investigation, he did not contest the facts and that the facts amounted to professional misconduct as alleged.

Dr. Guirguis has no prior discipline history with the College.

Decision

a) Length of suspension

The Committee is of the opinion that the totality of Dr. Guirguis' professional misconduct is more serious than the physicians' misconduct in the six previous Discipline Committee decisions presented by counsel for the parties.

Four of these cases centered on violations of the College's policy regarding Treating Self and Family Members Policy and did not involve narcotics (*CPSO v. Adams*, *CPSO v. Irvine*, *CPSO v. Wu* and *CPSO v. Vasovich*). The suspensions ordered in these cases were from three to four months.

There were two cases involving narcotics (*CPSO v. Gill* and *CPSO v. Carroll*). In the case of Dr. Carroll, the member did not use the narcotics himself. The suspension was two months. The case of Dr. Gill is most similar to Dr. Guirguis' case. Dr. Gill forged prescriptions for narcotics for his own use and involved colleagues and family members. He received a five month suspension. Dr. Gill was diagnosed with a narcotic addiction and this illness reduced his culpability.

Dr. Guirguis was not addicted to narcotics and had control of his actions. The facts indicate that he used the opioids to treat himself for a medical condition.

Dr. Guirguis forged and wrote multiple prescriptions over a two year period. This is a significant period of time for his prescribing misconduct to continue and not a temporary lapse in judgment.

Dr. Guirguis involved others in his misconduct. He forged the signatures of two colleagues in his practice group, thereby taking advantage of their trust and potentially subjecting their prescribing practices to scrutiny or investigation. Dr. Guirguis was not fully honest on preliminary inquiry by

the College. Initially, he admitted that he had forged prescriptions for himself in the name of one of his practice colleagues; on further investigation, it was found that he also forged prescriptions in the name of a second practice colleague.

Dr. Guirguis also wrote prescriptions for family members, and billed OHIP for this, although he did not keep medical records. [There is no allegation or finding of failing to maintain the standard of practice of the profession]

Treating oneself and family members is a breach of College policy. Policy 2-16 states that:

While physicians may have a genuine desire to deliver the best possible care when providing treatment for themselves, family members, or others close to them, the literature indicates that a physician's ability to maintain the necessary amount of emotional and clinical objectivity may be compromised. Physicians may then have difficulty meeting the standard of care. Consequently, the individual may not receive the best quality treatment, despite the physician's best intentions.

In order to meet their professional obligations to practise medicine safely and effectively, physicians must only provide treatment for themselves and family members in limited circumstances, as set out below. These are circumstances where the risks associated with treatment in this context are either minimal or are outweighed by the benefits of providing the treatment.

Physicians must not provide treatment for themselves or family members except:

- For a minor condition or in an emergency situation,
and
- When another qualified health-care professional is not readily available.

Physicians must not provide recurring episodic treatment for the same disease or condition, or provide ongoing management of a disease or condition, even where the disease or condition is minor. Another physician must be responsible for ongoing management.

Given the foregoing considerations, the Committee concluded that a six-month suspension of Dr. Guirguis' certificate of registration was appropriate in this case.

b) Prescribing narcotics and controlled substances to patients

The Committee noted that it was not alleged that Dr. Guirguis provided substandard care to patients. In the Committee's view, a ban on prescribing narcotics and controlled substances would inconvenience patients and would not address any documented deficiency of Dr. Guirguis. It would not be a specific or general deterrent, protect the public or facilitate rehabilitation of Dr. Guirguis. A ban on prescribing narcotics and controlled substances to patients is not required to protect the public in the circumstances of this case.

Dr. Guirguis did forge 27 prescriptions and wrote prescriptions for family members for controlled substances. In the opinion of the Committee, a prescribing log is necessary to monitor the controlled substances he does prescribe to patients and ensure these prescriptions are not for family members.

The Committee finds that the requirement to document the prescribing of narcotics and controlled substances for one year and to be monitored by the College is appropriate to protect the public in the circumstances of this case.

c) Random urine drug screening for two years.

In its review of the evidence, the Committee noted that Dr. Guirguis' prescriptions for Percocet were increasing in frequency and quantity from May 2012 to April 2014. There was no medical evidence provided to the Committee to explain how this could have been an appropriate treatment for a men's health issue. The assessor did not conclude that Dr. Guirguis suffers from any disorder related to substance use or substance abuse, but the Committee is concerned about the self-prescribing of narcotics and the potential he will return to self-prescribing of narcotics. The Committee concludes that a requirement for a period of random drug testing is appropriate

and in the best interests of assisting Dr. Guirguis' with rehabilitation of his self-prescribing. The Committee expects that urine screening will both deter Dr. Guirguis from future self-prescribing of narcotics and assist him to rehabilitate this problematic behaviour. Dr. Guirguis is allowed, however, to take controlled substances if they are prescribed by another physician for a valid medical condition and the College is informed in advance.

d) Education

The Committee also concludes that given he will return to practice after the period of suspension, Dr. Guirguis would benefit from individualized instruction in medical ethics to gain insight into his errors and prevent him repeating them in the future. It is ordered that the instruction include an in-depth review of the College policy on "Physician Treatment of Self, Family Members or Others Close to Them" and its underlying rationale.

e) Costs

The Committee considered this an appropriate case in which to order that Dr. Guirguis pay costs to the College for a one day of hearing, in the amount of \$5,500.00 within thirty (30) days of the date this order becomes final. Even if the parties had been in agreement with respect to an appropriate penalty, Dr. Guirguis' case would have required a one-day hearing.

ORDER

Therefore, the Committee orders that:

1. The Registrar suspend Dr. Guirguis' certificate of registration for a period of six (6) months, effective immediately.
2. The Registrar impose the following terms, conditions and limitations on Dr. Guirguis' certificate of registration upon his return to practice at the conclusion of his suspension:

Restrictions

- (i) Dr. Guirguis shall keep a log, for a period of one year from the date of this Order, of all prescriptions for any of the following (the “Prescription Log for Controlled Drugs”):
 - (a) Narcotic Drugs (from the Narcotic Control Regulations made under the Controlled Drugs and Substances Act, S.C., 1996, c. 19);
 - (b) Narcotic Preparations (from the Narcotic Control Regulations made under the *Controlled Dugs and Substances Act*, S.C., 1996, c. 19);
 - (c) Controlled Drugs (from Part (i) of the Food and Drug Regulations under the *Food and Drugs Act*, S.C., 1985, c. F-27);
 - (d) Benzodiazepines and Other Targeted Substances (from the Benzodiazepines and Other Targeted Substances Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19); and
 - (e) All other Monitored Drugs (as defined under the *Narcotics Safety and Awareness Act*, 2010, S.O. 2010, c. 22).

- (ii) The Prescription Log for Controlled Drugs shall be in a form acceptable to the College, but shall include the following:
 - (a) the date of the appointment;
 - (b) the name of the patient and chart/file number;
 - (c) the name of the medication prescribed, dose, direction, number of tablets to be dispensed and frequency;
 - (d) the clinical indication;
 - (e) whether the prescription is for a new medication and/or different dose or frequency than currently prescribed to the patient (Y/N);
 - (f) Dr. Guirguis’ signature; and
 - (g) Dr. Guirguis is to keep a copy of all prescriptions he writes for Narcotic Drugs, Narcotic Preparations, Controlled Drugs, Benzodiazepines and Other Targeted Substances and all other Monitored Drugs, in the corresponding patient chart.

- (iii) Dr. Guirguis shall not issue any new prescriptions or renew existing prescriptions for any member of his family or others close to him for any medication. Dr. Guirguis shall abide by the College's Policy on "Physician Treatment of Self, Family Members, or Others Close to Them", and any future versions of this Policy, a copy of which is attached to this Order as Schedule "A".

Education

- (iv) At his own expense, Dr. Guirguis shall participate in and successfully complete, within six (6) months of the date of this Order, individualized instruction in medical ethics satisfactory to the College, with an instructor approved by the College. The instruction is to include an in-depth review of the College policy on "Physician Treatment of Self, Family Members or Others Close to Them" and its underlying rationale. The instructor shall provide a summative report to the College including his or her conclusion about whether the instruction was completed successfully by Dr. Guirguis.

Drug Screening

- (v) For a period of two years following his return to practice, Dr. Guirguis shall participate in a random urine drug screening process which will include attending a facility that will facilitate random, witnessed urine drug testing at a rate of twelve (12) times per year.
- (vi) Dr. Guirguis shall engage a regulated health professional approved by the College to act as a monitor for the purpose of facilitating the random urine drug screening process ("Monitor"). The Monitor shall have available to him or her all relevant information in the College's possession.
- (vii) The Monitor shall execute an undertaking in the form attached to this Order as Schedule "B", which includes a duty to report to the College regarding any positive test result, any missed tests and any concern that Dr. Guirguis may not be in compliance with the terms of this Order.

- (viii) Notification regarding the dates for tests will take place according to the discretion of the Monitor. Dr. Guirguis will be required to proceed to a facility approved by the Monitor before closing time on the same day of notification to provide a specimen. He will provide a specimen in the fashion required by the Monitor and will consent to the provision of the specimen under a proper chain of-custody protocol. Failure to adhere to this procedure will be considered a missed test.
- (ix) Dr. Guirguis shall submit to urine screening at any time upon the request of the Monitor and/or the College. Any missed tests that have not been excused by the Monitor will be considered a breach of this Order.
- (x) Dr. Guirguis shall not ingest any Narcotic Drugs, Narcotic Preparations, Controlled Drugs, Benzodiazepines/Other Targeted Substances and all other Monitored Drugs as set out in the following legislation except within the conditions as noted in section (x) (the “Controlled Drugs”).
 - (a) Narcotic Drugs (from the Narcotic Control Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19);
 - (b) Narcotic Preparations (from the Narcotic Control Regulations made under the *Controlled Dugs and Substances Act*, S.C., 1996, c. 19);
 - (c) Controlled Drugs (from Part (i) of the Food and Drug Regulations under the *Food and Drugs Act*, S.C., 1985, c. F-27);
 - (d) Benzodiazepines and Other Targeted Substances (from the Benzodiazepines and Other Targeted Substances Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19); and
 - (e) All other Monitored Drugs (as defined under the *Narcotics Safety and Awareness Act*, 2010, S.O. 2010, c. 22).
- (xi) Dr. Guirguis shall not consume any Controlled Drugs unless legitimately prescribed for him by a practitioner who has knowledge of the Discipline Committee's Decision and Reasons for Decision and with the prior approval of the Monitor. If Dr. Guirguis consumes one or more Controlled Drugs, the Monitor shall notify the College, in writing, at the earliest opportunity.

Compliance

- (xii) Dr. Guirguis shall inform the College of each and every location where he practises, in any jurisdiction ("Practice Locations") within fifteen (15) days of this Order and shall inform the College of any and all new Practice Locations within fifteen (15) days of commencing practice at that location.
 - (xiii) Dr. Guirguis shall cooperate with unannounced inspections of his practice, Prescription Log and patient charts by a College representatives for the purpose of monitoring and enforcing his compliance with the terms of this Order.
 - (xiv) Dr. Guirguis shall consent to the College providing any Chiefs of Staff or a colleague with similar responsibilities, such as a medical director, at any location where he practises ("Chief(s) of Staff") with any information the College has that led to this Order and/or any information arising from the monitoring of his compliance with this Order.
 - (xv) Dr. Guirguis shall provide his irrevocable consent to the College to make enquiries of the Ontario Health Insurance Plan ("OHIP"), the Drug Program Services Branch, the Narcotics Monitoring System implemented under the *Narcotics Safety and Awareness Act, 2010*, S.O. 2010, c. 22, as amended ("NMS"), and/or any person who or institution that may have relevant information, in order for the College to monitor and enforce his compliance with the terms of this Order and any terms, conditions or limitations on Dr. Guirguis' certificate of registration.
 - (xvi) Dr. Guirguis shall be responsible for any and all costs, including all laboratory services, associated with implementing the terms of this Order.
3. Dr. Guirguis attend before the panel to be reprimanded, within 90 days of the date this Order becomes final.
 4. Dr. Guirguis shall pay to the College costs in the amount of \$5,500.00, within thirty (30) days of the date of this Order.

SCHEDULE A

TO THE ORDER OF THE DISCIPLINE COMMITTEE IN RESPECT OF DR. EMAD SAMIR LUKA GUIRGUIS, ("Dr. Guirguis")

COLLEGE POLICY ON "PHYSICIAN TREATMENT OF SELF, FAMILY MEMBERS, OR OTHERS CLOSE TO THEM"



POLICY STATEMENT

Physician Treatment of Self, Family Members, or Others Close to Them

APPROVED BY COUNCIL:	November 2001
REVIEWED AND UPDATED: TO	November 2006; February 2016; June 2017; May 2018
BE REVIEWED BY:	February 2021
PUBLICATION DATE:	Issue 1, 2016
KEY WORDS:	Self; Family Members; Others Close to Them; Minor condition; Non-patients; Relationships; Emotional and clinical objectivity; Professional judgment; Standard of care; Spouses or Sexual/Romantic Partners; Prescribing and administering drugs; Controlled and monitored drugs and substances.
RELATED TOPICS:	Practice Guide; Confidentiality of Personal Health Information; Maintaining Appropriate Boundaries and Preventing Sexual Abuse; Marijuana for Medical Purposes; Public Health Emergencies; Prescribing Drugs.
LEGISLATIVE REFERENCES:	<i>Controlled Drugs and Substances Act</i> , S.C. 1996, c. 19. <i>Benzodiazepines and Other Targeted Substances Regulations</i> , SOR/2000-217. <i>Marihuana for Medical Purposes Regulations</i> , SOR/2013-119. <i>Narcotic Control Regulations</i> , C.R.C., c. 1041. <i>Health Care Consent Act</i> , 1996, S.O. 1996, c. 2, Schedule A. <i>Health Professions Procedural Code</i> , Schedule 2 to the <i>Regulated Health Professions Act</i> , 1991, S.O. 1991 c. 18. <i>Medicine Act</i> , 1991, S.O. 1991 c. 30. <i>Registration</i> , O Reg 865/93. <i>Narcotics Safety and Awareness Act</i> , 2010, S.O. 2010, c. 22. <i>Personal Health Information Protection Act</i> , 2004, S.O. 2004, c. 3, Schedule A.
REFERENCE MATERIALS:	<i>See Page 7</i>
OTHER REFERENCES:	Frequently Asked Questions
COLLEGE CONTACT:	Physician Advisory Services



Physician Treatment of Self, Family Members, or Others Close to Them

APPROVED BY COUNCIL:

November 2001

REVIEWED AND UPDATED:

November 2006; February 2016; June 2017; May 2018

TO BE REVIEWED BY:

February 2021

PUBLICATION DATE:

Issue 1, 2016

KEY WORDS:

Self; Family Members; Others Close to Them; Minor condition; Non-patients; Relationships; Emotional and clinical objectivity; Professional judgment; Standard of care; Spouses or Sexual/Romantic Partners; Prescribing and administering drugs; Controlled and monitored drugs and substances.

RELATED TOPICS:

Practice Guide; Confidentiality of Personal Health Information; Maintaining Appropriate Boundaries and Preventing Sexual Abuse; Marijuana for Medical Purposes; Public Health Emergencies; Prescribing Drugs.

LEGISLATIVE REFERENCES:

Controlled Drugs and Substances Act, S.C. 1996, c. 19.

Benzodiazepines and Other Targeted Substances Regulations, SOR/2000-217.

Marihuana for Medical Purposes Regulations, SOR/2013-119.

Narcotic Control Regulations, C.R.C., c. 1041.

Health Care Consent Act, 1996, S.O. 1996, c. 2, Schedule A.

Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act*, 1991, S.O. 1991 c. 18.

Medicine Act, 1991, S.O. 1991 c. 30.

Registration, O Reg 865/93.

Narcotics Safety and Awareness Act, 2010, S.O. 2010, c. 22.

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Schedule A.

REFERENCE MATERIALS:

See Page 7

OTHER REFERENCES:

Frequently Asked Questions

COLLEGE CONTACT:

Physician Advisory Services

Physician Treatment of Self, Family Members, or Others Close to Them

INTRODUCTION

Physicians may find themselves in circumstances where they must decide whether it would be appropriate to provide treatment for themselves, family members, or others close to them.¹ While physicians may have the best intentions in providing treatment in this context, a growing body of literature² indicates that personal or close relationships can compromise the physician's emotional and clinical objectivity. This may make it difficult for the physician to meet the standard of care and potentially affect the quality of the treatment provided.

This policy sets out the circumstances in which it may be acceptable for physicians to provide treatment for themselves, family members, or others close to them.

The College's expectations, as set out in this policy, are grounded in the values and principles of medical professionalism as articulated in the Practice Guide and are based on the best available evidence pertaining to the risks involved with such treatment.

PURPOSE AND SCOPE

This policy applies to all physicians who are considering providing treatment for themselves, family members, or others close to them, and describes the circumstances in which physicians may provide such treatment. The policy sets out the College's

expectations for physicians in meeting their professional obligations to practise medicine safely and effectively in this context.

TERMINOLOGY

Family member – an individual with whom the physician has a familial connection **and** with whom the physician has a personal or close relationship, where the relationship is of such a nature that it could *reasonably affect* the physician's professional judgment. This includes, but is not limited to: the physician's spouse or partner, parent, child, sibling, members of the physician's extended family, or those of the physician's spouse or partner (for example: in-laws).

Others close to them – *any other* individuals who have a personal or close relationship with the physician, whether familial or not, where the relationship is of such a nature that it could *reasonably affect* the physician's professional judgment. This may include, but is not limited to, friends, colleagues, and staff.³

Treatment – anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose. This includes: the performance of any controlled act;⁴ ordering and performing tests (including blood tests and diagnostic imaging); and providing a course of treatment, plan of treatment, or community treatment plan.⁵

1. The term "others close to them" is defined later in this policy; please see the Terminology section.

2. In this policy, the term "literature" includes empirical evidence as well as articles on professionalism and medical ethics.

3. Physicians are encouraged to contact the College's Physician Advisory Services or the Canadian Medical Protective Association (CMPA) for further guidance as to which individuals may be included in this term.

4. Controlled acts for physicians, as set out in Section 4 of the *Medicine Act, 1991*, S.O. 1991, c. 30. (hereinafter *Medicine Act*).

5. The definition of "treatment" in this policy has been adapted, and modified, from the definition of "treatment" as set out in the *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Schedule A, at Section 2(1) (hereinafter *HCCA*). Physicians should note that the exceptions to "treatment" under the *HCCA* do not apply to this policy.



Minor condition – a non-urgent, non-serious condition that requires only short-term, episodic, routine care and is not likely to be an indication of, or lead to, a more serious, complex or chronic condition, or a condition which requires ongoing clinical care or monitoring.⁶ Some examples of minor conditions may include, but are not limited to: otitis externa; acute conjunctivitis; uncomplicated cystitis in an adult female; mild impetigo; and contact dermatitis. Complex or chronic conditions are not considered minor conditions, even where their management may be episodic in nature.

Emergency – an “emergency” exists where an individual is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm if medical intervention is not promptly provided.

PRINCIPLES

The key values of professionalism articulated in the College’s Practice Guide—compassion, service, altruism and trustworthiness—form the basis for the expectations set out in this policy. Physicians embody these values and uphold the reputation of the profession by, among other things:

1. Always acting in the best interests of the individual requesting or receiving treatment and putting those interests before those of the physician;
2. Practising medicine with the objectivity and professional judgment required to meet the standard of care;
3. Establishing and maintaining appropriate professional boundaries; and
4. Participating in self-regulation of the medical profession by complying with the expectations set out in this policy.

POLICY

While physicians may have a genuine desire to deliver the best possible care when providing treatment for themselves, family members, or others close to them, the literature indicates that a physician’s ability to maintain the necessary amount of emotional and clinical objectivity may be compromised.⁷ Physicians may then have difficulty meeting the standard of care. Consequently, the individual may not receive the best quality treatment, despite the physician’s best intentions.

6. Physicians are advised that minor conditions do not include providing sick notes or completing insurance claims for themselves, family members, or others close to them.

7. Please see the following articles:

- American Academy of Pediatrics Committee on Bioethics. (2009). Policy statement -- Pediatrician-family-patient-relationships: managing the boundaries. *Pediatrics*, 124(6), 1685-1688.

- Chambers, R. & Belcher, J. (1992). Self-reported health care over the past 10 years: a survey of general practitioners. *British Journal of General Practice*, 42(357), 153-156.

- Chen, F.M., Feudtner, C., Rhodes, L.A., Green, L.A. (2001). Role conflicts of physicians and their family members: rules but no rulebook. *Western Journal of Medicine*, 175(4), 236-239.

- Gold, K.J., Goldman, E.B., Kamil, L.H. et. al. (2014). No appointment necessary? Ethical challenges in treating friends and family. *New England Journal of Medicine*, 371(13), 1254-1258.

- Krall, E.J. (2008). Doctors who doctor self, family, and colleagues. *Wisconsin Medical Journal*, 107(6), 279-284.

- Krupa, C. The limits of treating loved ones. *American Medical News* (February 6, 2012). Online: amednews.com.

- Oxtoby, K. Doctors’ self prescribing. *BMJ Careers* (January 10, 2012). Online: careers.bmj.com.

- Wasserman, R.C., Hassuk, B.M., Young, P.C., Land, M.L. (1989). Health care of physicians’ children. *Pediatrics*, 83(3), 319-322.

The CMPA also advises against physicians providing treatment for “family and friends, as well as self-treatment”. See the CMPA’s “Know the rules, avoid the risks: Treating family and friends.” (April 2014).

Physician Treatment of Self, Family Members, or Others Close to Them

In order to meet their professional obligations to practise medicine safely and effectively, physicians must only provide treatment for themselves and family members in limited circumstances, as set out below. These are circumstances where the risks associated with treatment in this context are either minimal or are outweighed by the benefits of providing the treatment.

Physicians must not provide treatment for themselves or family members except:

- For a minor condition or in an emergency situation,
and
- When another qualified health-care professional is not readily available.⁸

Physicians must not provide recurring episodic treatment for the same disease or condition, or provide ongoing management of a disease or condition, even where the disease or condition is minor. Another physician must be responsible for ongoing management.

Physicians are advised that, depending on the nature of the relationship, physicians who provide treatment for *others close to them* may also attract the same risks of compromised objectivity and difficulty meeting the standard of care. Therefore, the College recommends that physicians carefully consider whether it is appropriate to provide treatment to *others close to them*.

Where a relationship could reasonably affect the physician's professional judgment, the physician must not provide treatment to that individual, except in accordance with the circumstances set out above.⁹

As relationships may change over time, physicians may need to re-evaluate the nature of the relationship they have with either family members or others close to them to determine whether the physician can still be objective. If the physician's professional judgment has been reasonably affected by changes in the relationship, the physician must transfer care of the individual to another qualified health-care professional as soon as is practical.

1. Providing Treatment

When physicians provide treatment for minor conditions or emergencies, where no other qualified health-care professional is readily available, they must comply with the following expectations:¹⁰

a) Scope of Treatment and Transfer of Care

Physicians must always act within the limits of their knowledge, skill and judgment.¹¹ However, the College recognizes that in emergency situations, or public health crises, it may be necessary for a physician to provide treatment outside of his or her area of expertise.¹²

8. The Canadian Medical Association (CMA) advises physicians to "limit treatment of yourself or members of your immediate family to minor or emergency services, and only when another physician is not readily available; there should be no fee for such treatment." (CMA Code of Ethics, Section 20). <http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD04-06.pdf>.

9. For further guidance on evaluating whether it is appropriate to treat a particular individual, please see the Frequently Asked Questions (FAQ) document attached to this policy.

10. The Ontario Health Insurance Plan (OHIP) does not permit billing for treatment of immediate family; see Ministry of Health's *Resource Manual for Physicians*, Section 4.11 Explanatory Codes, p. 24-30, (Feb 2014).

11. Sections 2(1)(c) and 2(5) of *Registration*, O Reg. 865/93, enacted under the *Medicine Act*.

12. For more information, please the College's policy entitled *Public Health Emergencies*.



Providing treatment in accordance with this policy is limited to addressing the immediate medical needs associated with treating a minor condition or emergency. Where additional or ongoing care is necessary, physicians must transfer care of the individual to another qualified health-care professional as soon as is practical.

b) Expectations about Documenting Care and Maintaining Confidentiality

Documentation of medical treatment is essential to safe, quality health care.¹³ When physicians provide treatment for themselves, family members, or others close to them, there is a risk that the individual receiving the care will not have a complete and accurate medical record unless that individual's primary health-care professional is made aware of the treatment. Physicians must therefore advise the individual to notify his/her primary health-care professional of the treatment that the physician has provided.

Where it is impractical for the individual receiving treatment to inform their own primary health-care professional of the treatment the individual received (e.g., children), the physician is advised to inform the individual's primary health-care professional, with the individual's consent,¹⁴ of the treatment he or she provided. Where the individual does not have a primary health-care professional, the physician is advised to

explain to the individual the importance of informing their next health-care professional, where practical, of the treatment received from the physician.

Physicians must maintain the confidentiality of the personal health information of any individual they treat.¹⁵

c) Spouses or Sexual/Romantic Partners

Physicians must not provide treatment to a spouse, partner, or anyone else with whom they are sexually or romantically involved, beyond the circumstances of a minor condition or emergency, and where no other qualified health-care professional is readily available. As prescribed in regulation¹⁶, an individual is not a physician's patient if all of the following conditions are met:

- There is a sexual relationship between the individual and the physician at the time the health care service is provided to the individual;
- The health care service provided by the physician to the individual was done so due to an emergency or was minor in nature; and,
- The physician has taken reasonable steps to transfer the individual's care, or there is no reasonable opportunity to transfer care.

Physicians must be mindful that providing treatment that exceeds the circumstances set

13. Complete and accurate medical records are also essential to continuity of care, facilitating and enhancing communication in collaborative health-care models, and identifying problems or patterns that may help determine the course of health care.

14. The individual's consent is required where the individual has the capacity to consent to disclosure of his/her personal health information. Otherwise, consent is required from the individual's substitute decision maker. For more information, please see the College's *Confidentiality of Personal Health Information* policy.

15. Physicians must abide by their legal obligations under the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Schedule A, as well as the expectations set out in the College's *Confidentiality of Personal Health Information* policy.

16. *Patient criteria*, O. Reg. 260/18, under subsection 1(6) of the HPPC under RHPA, 1991, S.O. 1991, c. 18.

Physician Treatment of Self, Family Members, or Others Close to Them

out in this policy may give rise to a physician-patient relationship¹⁷ and, as a result, the sexual abuse provisions of the *Regulated Health Professions Act*, 1991 would apply¹⁸.

For further guidance, physicians are advised to contact the Canadian Medical Protective Association (or other professional liability provider) or obtain independent legal advice.

2. Prescribing or Administering Drugs

Minor conditions or emergencies may, in some instances, require the prescription of drugs. When prescribing drugs, physicians must comply with the expectations and guidelines for prescribing that are set out in the College's Prescribing Drugs policy.

In addition, the literature indicates that some physicians may feel obligated or pressured to prescribe narcotics¹⁹ or controlled drugs or substances²⁰ for family members or others close to them.²¹ While these drugs or

substances may be a legitimate treatment, regulations under the *Controlled Drugs and Substances Act* (CDSA)²² prohibit physicians from prescribing or administering such drugs or substances for anyone other than a *patient* whom the physician is treating in a *professional capacity*.²³ There are no exceptions under the CDSA for prescribing or administering these drugs or substances to non-patients, even in emergencies.

Accordingly, this means that physicians must never prescribe or administer, for themselves, family members, or others close to them, any of the following: narcotics;²⁴ controlled drugs or substances;²⁵ monitored drugs;²⁶ marijuana for medical purposes;²⁷ or any drugs or substances that have the potential to be addicting or habituating. Physicians must not prescribe or administer these drugs or substances even when another health-care professional is in charge of managing the treatment of the disease or condition.

17. For information on the nature of the physician-patient relationship, please see the College's *Maintaining Appropriate Boundaries and Preventing Sexual Abuse* policy section "Determining Whether a Physician-Patient Relationship Exists".

18. Legislative provisions relating to sexual abuse are set out in Sections 1(3) to (6) and Sections 51(1) to (3) and (4.1) to (9) of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act*, 1991, S.O. 1991, c.18 (hereinafter HPPC). This includes the amendments to the HPPC contained in Bill 87 (*Protecting Patients Act*, 2017) in force as of May 1, 2018. It does not include any other requirements that may be developed in regulation. Physicians are advised that the passing of Bill 70, the *Regulated Health Professions Amendment Act* (Spousal Exception), 2013, has not changed the law with respect to physicians, as the College has not opted to exempt physicians who treat their spouses from the sexual abuse provisions.

19. Narcotics are defined in Section 2 of the *Narcotic Control Regulations*, C.R.C., c. 1041, enacted under the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19 (hereinafter CDSA): the term "narcotics" includes opioids.

20. Controlled drugs and substances are defined in Section 2(1) of the CDSA and mean a drug or substance included in Schedule I, II, III, IV or V of the Act.

21. Please see note 7.

22. CDSA.

23. See Section 53(2) of the *Narcotic Control Regulations*, C.R.C., c. 1041, and Section 58 of the *Benzodiazepines and Other Targeted Substances Regulations*, SOR/2000-217, enacted under the CDSA.

24. Please see note 19.

25. Please see note 20.

26. The Ontario Ministry of Health and Long-Term Care (Ministry) monitors a number of prescription narcotics and other controlled substance medications as part of its Narcotics Strategy. A list of monitored drugs is available on the Ministry's website: http://health.gov.on.ca/en/pro/programs/drugs/monitored_productlist.aspx. See also Section 2 of the *Narcotics Safety and Awareness Act*, 2010, S.O. 2010, c. 22 for a definition of "monitored drug".

27. The Government of Canada's *Marijuana for Medical Purposes Regulations*, SOR/2013-119, enacted under the CDSA, establish the legal framework that enables patients to obtain authorization to possess dried marijuana for medical purposes. Please see the College's *Marijuana for Medical Purposes* policy.



REFERENCE MATERIALS:

American Academy of Pediatrics Committee on Bioethics. (2009). Policy statement -- Pediatrician-family-patient-relationships: managing the boundaries. *Pediatrics*, 124(6), 1685-1688.

Canadian Medical Association. CMA Code of Ethics. (2004). Online: cma.ca.

Canadian Medical Protective Association. Know the rules, avoid the risks: Treating family and friends. (April, 2014). Online: cmpa-acpm.ca.

Chambers, R. & Belcher, J. (1992). Self-reported health care over the past 10 years: a survey of general practitioners. *British Journal of General Practice*, 42(357), 153-156.

Chen, F.M., Feudtner, C., Rhodes, L.A., Green, L.A. (2001). Role conflicts of physicians and their family members: rules but no rulebook. *Western Journal of Medicine*, 175(4), 236-239.

Gold, K.J., Goldman, E.B., Kamil, L.H. et. al. (2014). No appointment necessary? Ethical challenges in treating friends and family. *New England Journal of Medicine*, 371(13), 1254-1258.

Krall, E.J. (2008). Doctors who doctor self, family, and colleagues. *Wisconsin Medical Journal*, 107(6), 279-284.

Krupa, C. The limits of treating loved ones. *American Medical News* (February 6, 2012). Online: amednews.com.

Ministry of Health and Long-Term Care. Monitored Drugs List. Online: health.gov.on.ca.

Ministry of Health and Long-Term Care. Resource Manual for Physicians. (February, 2014). Online: health.gov.on.ca.

Narcotics Safety and Awareness Act, 2010, S.O. 2010, c. 22

Oxtoby, K. Doctors' self prescribing. *BMJ Careers* (January 10, 2012). Online: careers.bmj.com.

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Schedule A.

Wasserman, R.C., Hassuk, B.M., Young, P.C., Land, M.L. (1989). Health care of physicians' children. *Pediatrics*, 83(3), 319-322.

Physician treatment of self, family members, or others close to them



THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
80 COLLEGE STREET, TORONTO, ONTARIO M5G 2E2

SCHEDULE B

TO THE ORDER OF THE DISCIPLINE COMMITTEE IN RESPECT OF DR. EMAD SAMIR LUKA GUIRGUIS, ("Dr. Guirguis")

Monitor

UNDERTAKING OF _____

TO THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

1. I am a regulated health professional and am certified by_____.
My registration number is_____.
2. I have read the Order made by the Discipline Committee regarding Dr. Guirguis.
3. I acknowledge that I have reviewed, or will review as soon as practicable, the materials regarding Dr. Guirguis provided to me by the College.
4. I agree that commencing from the date I sign this undertaking, I will act as a Monitor to Dr. Guirguis whereby I will facilitate the random urine drug screening process, as set out in the Discipline Committee Order dated_____, 2018.
("Order").
5. I agree that I have a duty to report to the College forthwith, in writing, if any of the following events occur:
 - (a) Dr. Guirguis' specimen results in a positive test result;
 - (b) Dr. Guirguis has missed a test (without sound reason), or
 - (c) Dr. Guirguis may not be in compliance with the Order.
6. I agree that if Dr. Guirguis is legitimately prescribed controlled drugs by a practitioner who has knowledge of the Discipline Committee's Decision and Reasons for Decision, and if I have given my approval in advance of him consuming one or more controlled drugs, I shall notify the College, in writing, at the earliest opportunity of the details of his consumption and/or use.
7. I acknowledge that Dr. Guirguis has consented to my disclosure to the College of all information relevant to the Order, relevant to the provisions of this, my Monitor's undertaking and/or relevant for the purposes of monitoring Dr. Guirguis' compliance with the Order.

8. I agree to immediately inform the College in writing if Dr. Guirguis and I have terminated our monitoring relationship, or if I otherwise cannot fulfill the provisions of my undertaking.

Dated at _____, this _____ day of _____, 2018.

Mr./Ms./Dr.

Witness (Print Name)

Witness (Signature)