

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Citation: *College of Physicians and Surgeons of Ontario v. Nahas*, 2026 ONPSDT 8

Date: March 4, 2026

Tribunal File No.: 24-022 & 25-007

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Richard Nahas

Registrant

FINDING AND PENALTY REASONS

Heard: February 3, 2026

Panel:

David A. Wright (Tribunal Chair)
Marie-Pierre Carpentier (physician)
Vincent Georgie (public)
Joanne Nicholson (physician)
Rob Payne (public)

Appearances:

Victoria Cistrone and Kenzie Bunting, for the College
Reem Zaia and Andrew McKenna, for the registrant

RESTRICTION ON PUBLICATION

Pursuant to Rule 2.2.2 of the HPDT Rules of Procedure and ss. 45-47 of the Health Professions Procedural Code, no one shall publish or broadcast the names of patients or any information that could identify patients or disclose patients' personal health information or health records referred to at a hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this restriction.

Introduction

[1] Dr. Richard Nahas is a family medicine practitioner practising adult chronic pain management in Ottawa. These reasons relate to two professional misconduct proceedings against him that we heard together. In the first, Dr. Nahas admitted that he failed to maintain the standard of practice of the profession in his care of multiple patients, including through unnecessary treatments, inadequate record-keeping and procedures that he performed improperly. In the second, he did not contest the allegation that he touched a patient in sensitive areas without an adequate warning or explanation.

[2] Dr. Nahas has an extensive history with the College, including cautions from the Inquiries, Complaints and Reports Committee (ICRC) about the importance of issues like record-keeping and consent, and previous discipline for failing to provide adequate warning before adjusting clothing or touching sensitive areas. The parties made a joint submission that the penalty should be a four-month suspension and extensive terms, conditions and limitations on his certificate of registration, including at least six months of supervision. Applying the required test, we found that the joint submission would not bring the administration of justice into disrepute and made the requested order.

[3] Tribunal Chair David Wright conducted case management conferences in this matter. He sits on the panel with the consent of both parties.

Findings

Failure to maintain the standard of practice of the profession

[4] Dr. Nahas practises at the Seekers Centre for Integrative Medicine, an Out-of-Hospital Premise (OHP). Under his obligations under the College's OHP Inspection Program, Dr. Nahas reported three adverse events that took place between June and August 2022. He reported a fourth adverse event in December of that year.

[5] The College retained Dr. Geoff Bellingham, an anesthetist and pain management subspecialist, to provide an opinion on Dr. Nahas's care of the four patients. Dr. Bellingham reviewed the patients' charts and met with Dr. Nahas. In Dr. Bellingham's opinion, Dr. Nahas's care did not meet the standard of practice of the profession. He displayed a lack of knowledge and skill in his care of all four patients, and lack of

judgement in his care of three of them. He explained that Dr. Nahas's clinical practice exposes or is likely to expose patients to the risk of harm or injury.

[6] The College then asked Dr. Bellingham to review the care of 15 other patients. Again, he reviewed charts and met with Dr. Nahas. Dr. Bellingham concluded that Dr. Nahas's care of all 15 patients did not meet the standard of practice of the profession and demonstrated a lack of knowledge and skill. For nine of the patients, the care also demonstrated a lack of judgement. He again concluded there was a risk of harm or injury to patients.

[7] Dr. Bellingham's concerns included:

- the use of nerve block injections when they were not indicated, placing patients at risk of harm;
- insufficient volumes of local anesthetic when performing nerve blocks;
- the use of landmark-based injections, rather than the recommended image guidance;
- inadequate communication with the referring physicians;
- inadequate and inaccurate medical documentation;
- insufficient histories and physical examination of the patients;
- applying a standard set of nerve blocks with insufficient individualized care;
- lack of awareness of possible complications and how to formulate a differential diagnosis when complications arose;
- prescription of steroids when they were not indicated;
- performing injections in inappropriate locations on the body (e.g. teeth, mouth); and
- failing to report to the Ministry of Transportation that a patient had suspected absence seizures.

[8] Based on Dr. Bellingham's conclusions, we find that Dr. Nahas failed to maintain the standard of practice of the profession.

Disgraceful, dishonourable or unprofessional conduct

[9] The facts supporting this allegation were contained in a statement of uncontested facts. Under Rule 14.3 of the Tribunal's Rules of Procedure, Dr. Nahas did not admit that these events occurred, but accepted that the Tribunal could rely on them for the purposes of this proceeding and make a finding of misconduct.

[10] Dr. Nahas treated Patient A between May 2023 and September 2024. During treatment, he administered injections to various parts of her body, including her neck, upper back, lower back, hips, jaw, c-section scar, and gluteal region. He would palpate (examine by touching) these areas when administering injections.

[11] On two separate occasions Dr. Nahas touched Patient A in the gluteal region without providing adequate warning or explanation of what he was doing. Another time, while treating her, he rested his hand on her lower abdomen. While doing so, his finger touched her bare pelvic region without proper warning or explanation. As a result, Patient A felt upset and uncomfortable.

[12] The registrant touched the patient on the buttocks and pelvic regions without warning or consent. This is inappropriate. Particularly when touching sensitive areas, physicians must ensure the patient understands what will be done and obtain consent. Adequate communication and consent are as important as a procedure itself. By failing to take these steps, Dr. Nahas engaged in disgraceful, dishonourable or unprofessional conduct.

Penalty and costs

[13] The proposed penalty involves a suspension of four months and terms, conditions or limitations on Dr. Nahas's certificate of registration including that:

- Dr. Nahas cannot be the medical director at an OHP.
- He cannot perform injections on or near the spinal column.
- He cannot prescribe systemic corticosteroids.

- He will be clinically supervised for a minimum of six months.
- He will be reassessed six months after clinical supervision ends.

[14] When the parties jointly propose a penalty, the panel's role is limited. We are not determining the penalty that we would have ordered. Rather, we must implement the parties' agreement unless to do so would bring the administration of the professional discipline system into disrepute. This is a very high bar; a joint submission must be accepted unless it is "unhinged" from the circumstances. See *R. v. Anthony-Cook*, 2016 SCC 43; *Bradley v. Ontario College of Teachers*, 2021 ONSC 2303 (Div. Ct.) at paras. 9-12.

[15] This stringent standard encourages settlement by ensuring "a high degree of certainty" that the agreed penalty will be accepted, avoiding "the need for lengthy, costly, and contentious" hearings: *R. v. Nahanee*, 2022 SCC 37 at para. 2. Other benefits include more expeditious action to protect the public, avoiding an "all or nothing" situation for either party, sparing witnesses the stress of testifying, certainty of when the penalty will start, and the ability to reach "creative and meaningful terms, conditions and limitations that would be difficult to order and implement without buy-in from both parties": *College of Physicians and Surgeons of Ontario v. Matheson*, 2022 ONPSDT 27 at para. 19.

[16] Dr. Bellingham found notable and multiple deficiencies in every one of the 19 charts he reviewed. Dr. Nahas put patients at risk through unnecessary procedures. He gave nerve block injections that had insufficient anesthetic, using an inappropriate technique. He failed to take an individualized approach. His records were missing key information and he did not properly communicate with referring physicians. He dealt poorly with complications. There were gaps in his knowledge. He put his patients and the public at risk. There were multiple and serious departures from the standard of practice of the profession.

[17] The misconduct is more serious because the ICRC has emphasized to Dr. Nahas multiple times the importance of complying with the College's standards, including those on consent and record keeping. As a result of ICRC involvement, Dr. Nahas has engaged in learning and supervision. Yet this misconduct involved the same kind of issues. Dr. Nahas has been cautioned four times:

- In 2014, he received a caution about the importance of abiding by College policies relating to complementary and alternative medicine, records and consent to medical treatment.
- In 2018, he received a caution about consent, documentation and examination of patients and the College's Complementary and Alternative Medicine Policy, and a requirement for education, supervision and reassessment.
- In 2020, he received a caution about consent, in particular when providing manual therapy.
- In 2022, he received a caution and gave an undertaking to undergo clinical supervision, and education on record-keeping, consent to treatment and medical ethics.

[18] Dr. Nahas should have had no doubt about the requirements and importance of complete record-keeping and consent by the time of these events. Yet every one of his charts was deficient, and he failed to get proper consent from Patient A.

[19] What is more, Dr. Nahas has a discipline history for similar misconduct to that he engaged in with Patient A: *College of Physicians and Surgeons of Ontario v. Nahas*, 2020 ONCPSD 37. In that instance, he admitted that he lifted the back of a patient's shirt, placed his hand on her upper inner thigh and brushed her hair away from her ear, all without adequate warning or explanation. He was suspended for two months and required to take the PROBE ethics and boundaries course. Like the ICRC history, this shows that expectations have been brought to his attention. In addition, because this was formal discipline, the facts have been proven and the penalty should increase in accordance with the principles of progressive discipline. When less strong penalties do not sufficiently change the registrant's behaviour, penalties for subsequent misconduct will increase.

[20] We recognize that Dr. Nahas has admitted his failure to meet the standard of practice of the profession, and this is a mitigating factor. While not as strongly mitigating, his plea of no contest spared Patient A the need to testify and saved the College the costs of the hearing.

[21] The proposed penalty is comparable to those in other cases cited by the parties, although the facts of all of them had significant differences from those here. In *College of Physicians and Surgeons of Ontario v. Ghumman*, 2017 ONCPSD 34, which involved various failures to meet the standard of practice of the profession, there was no suspension, but various terms, conditions and limitations similar to the ones here. In *College of Physicians and Surgeons of Ontario v. Schwarz*, 2020 ONCPSD 18, the suspension was three months. In *College of Physicians and Surgeons of Ontario v. Irwin*, 2018 ONCPSD 36 the suspension was five months. Both related primarily to issues of standards of practice. In relation to the issues with Patient A, the parties relied on Dr. Nahas's previous case (two-month suspension) and on *College of Physicians and Surgeons of Ontario v. Bahrami*, 2024 ONPSDT 10 (three-month suspension).

[22] The four-month suspension is within a reasonable range, and, equally important, the extensive terms, conditions and limitations protect the public by both restricting Dr. Nahas from certain procedures and requiring supervision of his practice. Supervision will begin with moderate-level supervision, involving bi-weekly meetings with observation of patient encounters and chart review. If the supervisor approves, Dr. Nahas will move to low-level supervision, monthly meetings that include chart review. The moderate-level supervision will last a minimum of three months, and the low-level supervision will last a minimum of three more months.

[23] We are very concerned that this misconduct occurred despite the previous education, supervision and discipline relating to similar issues. Dr. Nahas must change how he practises medicine. Penalties will likely increase significantly if he appears before the Tribunal again for misconduct that occurs after he returns to practice.

Order

[24] Our order provides (Schedules omitted):

Penalty

1. The Tribunal requires the registrant to appear before the panel to be reprimanded.
2. The Tribunal directs the Registrar to:
 - a. suspend the registrant's certificate of registration for four (4) months commencing on February 4, 2026 at 12:01 a.m.

b. place the following terms, conditions and limitations on the registrant's certificate of registration effective immediately:

Practice Restrictions

i. The registrant will not be a Medical Director at an Out-of-Hospital Premise ("OHP"). A Medical Director of an OHP is defined in the College of Physicians and Surgeons of Ontario (the "College")'s Out-of-Hospital Premise Inspection Program's OHP Standards and Companion Documents.

ii. The registrant shall not perform the following:

1. any injections along or near the spinal column, including but not limited to neuraxial, paravertebral and plexus injections and/or nerve blocks for adult chronic pain;

2. administer any injection therapy for patients on anticoagulant or antiplatelet therapy, other than single antiplatelet therapy with acetylsalicylic acid ("ASA"), including that the registrant will not take any steps to facilitate providing injection therapy by reviewing or recommending anticoagulation treatment modification or short-term discontinuation for patients who otherwise need anticoagulation therapy; and

3. prescribe systemic corticosteroids, renew existing prescriptions of systemic corticosteroids, and/or administer systemic corticosteroids, and the registrant shall not perform extra-articular or neuraxial corticosteroid injections.

iii. The registrant will post a sign in all waiting rooms, examination rooms and consulting rooms, in all his Practice Location or Practice Locations (collectively defined as "each and every location at which he practices, delegates, or has privileges, including, but not limited to, any hospitals, clinics, offices, and any Out-of-Hospital Premises or Independent Health Facilities with which he is affiliated, in any jurisdiction"), in a clearly visible and secure location, at all times whether or not he is physically present at the Practice Location, in the form set out at Schedule "A" to this Order. If providing care in a virtual setting, the registrant shall display the sign to the patient at the outset of the patient encounter. If the patient encounter is by telephone, the registrant shall read the sign to the patient at the outset of the patient encounter. For further clarity, this sign shall state as follows:

Dr. Nahas shall not:

1. perform any injections along or near the spinal column, including but not limited to neuraxial, paravertebral and plexus injections and/or nerve blocks for adult chronic pain;

2. administer any injection therapy for patients on anticoagulant or antiplatelet therapy, other than single antiplatelet therapy with acetylsalicylic acid (“ASA”), including that Dr. Nahas will not take any steps to facilitate providing injection therapy by reviewing or recommending anticoagulation treatment modification or short-term discontinuation for patients who otherwise need anticoagulation therapy; and

3. prescribe systemic corticosteroids, renew existing prescriptions of systemic corticosteroids, and/or administer systemic corticosteroids, and Dr. Nahas shall not perform extra-articular or neuraxial corticosteroid injections. Further information may be found on the College of Physicians and Surgeons of Ontario website at www.cpso.on.ca

iv. The registrant shall post a certified translation in any language in which he provides services of the sign described above in all waiting rooms of all his Practice Locations, in a clearly visible and secure location, in the form set out at Schedule “A” to this Order. The registrant will provide the certified translation to the College within thirty (30) days of this Order. If the registrant elects, after this Order is made, to offer services in any other language, the registrant will notify the College prior to providing any such services and will provide the College the certified translation of the signage prior to beginning to provide services in any other language.

v. The College may accept an alternative arrangement with respect to signage, as described above, in a hospital or other setting, in the College’s sole discretion.

Clinical Supervision

vi. Prior to commencing practice following the expiry of the period of suspension, the registrant shall retain at his own expense a Clinical Supervisor acceptable to the College (the “Clinical Supervisor”) who has executed an undertaking in the form attached at Schedule “B” to this Order.

vii. For a minimum of six (6) months after resuming practice, the registrant will practise only under the supervision of the Clinical Supervisor (“Clinical Supervision”). The period of Clinical Supervision will commence on the expiry of the period of suspension, or on the date that the Clinical Supervisor is approved, whichever is later.

viii. Clinical Supervision will cease only with College approval, and in the College’s sole discretion.

ix. The Clinical Supervisor will discuss any concerns arising from the direct observation of patient encounters and chart reviews with the registrant.

x. The Clinical Supervisor will make recommendations to the registrant for practice improvement and ongoing professional development and inquire into the registrant's compliance with the recommendations.

xi. The educational goals for the Clinical Supervision will be as follows:

1. Appropriate indications for nerve blocks in the management of chronic pain; and
2. Ensuring individualized chronic pain management plans.

xii. The Clinical Supervisor will perform any other duties, such as reviewing other documents or conducting interviews with staff or colleagues that the Clinical Supervisor deems necessary for the registrant's Clinical Supervision.

xiii. If, prior to completion of the Clinical Supervision, the Clinical Supervisor is unable or unwilling to continue in that role for any reason, the registrant shall retain a new College-approved Clinical Supervisor who will sign an undertaking in the form attached at Schedule "B" to this Order. The registrant shall cease practising medicine until such time as he has obtained a Clinical Supervisor acceptable to the College. If the registrant is required to cease 5 practising as a result of this paragraph, this will constitute a term, condition and limitation on his certificate of registration and such term, condition and limitation shall be included on the College's public register.

Moderate Level Clinical Supervision

xiv. For a minimum of three (3) months after resuming practice, the Clinical Supervisor will meet with Dr. Nahas at his Practice location, once every two (2) weeks ("Moderate Level Clinical Supervision").

xv. During Moderate Level Clinical Supervision, the Clinical Supervisor shall directly observe at least three (3) patient encounters at every meeting. The Clinical Supervisor will not recommend a reduction in the level of supervision, as contemplated by subparagraph 2b(xviii) below, until at least the Clinical Supervisor is satisfied that no further direct observation is needed.

xvi. During Moderate Level Clinical Supervision, the Clinical Supervisor will review at least fifteen (15) patient charts at every meeting, to be selected in the sole discretion of the Clinical Supervisor.

xvii. During Moderate Level Clinical supervision, the Clinical Supervisor will provide a report to the College once every month, or more frequently if the Clinical Supervisor has concerns about the registrant's standard of practice or conduct.

Low Level Clinical Supervision

xviii. After a minimum of three (3) months of Moderate Level Clinical Supervision, if the Clinical Supervisor recommends and the College approves a reduction in the level of supervision, the Clinical Supervisor will meet with the registrant at his Practice Location, or another location approved by the College, once every month for at least a further three (3) months ("Low Level Clinical Supervision").

xix. During Low Level Clinical Supervision, the Clinical Supervisor shall review at least fifteen (15) patient charts at every meeting, to be selected in the sole discretion of the Clinical Supervisor.

xx. During Low Level Clinical Supervision, the Clinical Supervisor will submit a written report to the College at least once at the end of supervision, or more frequently if the Clinical Supervisor has concerns about the registrant's standard of practice or conduct.

Professional Education

xxi. The registrant will participate in the following professional education:

1. Review, reflection, and discussion with the Clinical Supervisor of the following policies and other self-study:

- a. CPSO's Policy - Medical Record Documentation, <https://www.cpso.on.ca/Physicians/PoliciesGuidance/Policies/Medical-Records-Documentation>
- b. CPSO's Policy – Complementary and Alternative Medicine, <https://www.cpso.on.ca/en/Physicians/PoliciesGuidance/Policies/Complementary-AlternativeMedicine>
- c. CPSO's Policy - Essentials of Medical Professionalism, <https://www.cpso.on.ca/en/physicians/policiesguidance/essentials-medical-professionalism>
- d. 2017 Canadian Guidelines for Opioids for Chronic NonCancer Pain, <https://doi.org/10.1503/cmaj.170363>
- e. 2024 Opioid Prescribing Guidelines, quick reference summary, <https://npc.healthsci.mcmaster.ca/guidelines/>

2. any additional professional education recommended by the Clinical Supervisor.

xxii. The registrant will complete this requirement within three (3) months of the start of the Clinical Supervision. The College may, in its sole discretion, extend the time to complete any professional education recommended by the Clinical Supervisor.

Reassessment

xxiii. Approximately six (6) months after the completion of Clinical Supervision as set out above in subparagraphs 2b(vi) to (xx), the registrant will submit to a reassessment of his practice (“the Reassessment”) by an assessor or assessors selected by the College (the “Assessor”). The Reassessment shall include a chart review of a minimum of fifteen (15) patient charts, and may include direct observation of the registrant’s care, interviews with the registrant, colleagues and co-workers, feedback from patients, and any other tools deemed necessary by the College.

xxiv. The registrant will co-operate fully with the Reassessment, conducted under the terms of this Order.

xxv. The registrant acknowledges that the Clinical Supervisor may receive and review the findings of the Assessor and may discuss with the Assessor any issues or concerns arising from the Reassessment.

xxvi. The registrant acknowledges that the results of the Reassessment will be provided to him and reported to the College and the Reassessment may form the basis of further action by the College.

Monitoring

xxvii. The registrant must inform the College of each and every one of his Practice Locations within five (5) days of this Order. Going forward, the registrant will inform the College of any and all new Practice Locations within five (5) days of commencing practice at that location.

xxviii. The registrant will submit to, and not interfere with, unannounced inspections of his Practice Locations and patient records by a College representative for the purposes of monitoring his compliance with the provisions of this Order.

xxix. The registrant shall give his irrevocable consent to the College to make appropriate enquiries of the Ontario Ministry of Health and Ministry of Long Term Care, the Ontario Health Insurance Plan (“OHIP”) or the Narcotics Monitoring System (“NMS”) and/or any person who or institution that may have relevant information, in order for the College to monitor his compliance with the provisions of this Order and shall promptly sign such consents as may be necessary for the College to obtain information from these persons or institutions.

xxx. The registrant shall consent to the sharing of information between the Clinical Supervisor, the Assessor and the College

as any of them deem necessary or desirable in order to fulfil their respective obligations, for the purpose of monitoring the registrant's compliance with this Order and/or for sharing information that comes to any of their attention which they believe may indicate a potential risk of harm to patients.

xxxi. The registrant shall be responsible for any and all costs associated with implementing the terms of this Order.

Costs

3. The Tribunal requires the registrant to pay the College costs in the amount of \$6,000 by March 3, 2026.

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Tribunal File Nos.: 24-002 & 25-007

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Richard Nahas

Registrant

**The Tribunal delivered the following Reprimand
by videoconference on Tuesday, February 3, 2026**

*****NOT AN OFFICIAL TRANSCRIPT*****

Dr. Nahas,

In your practice as an interventional pain management physician, we have found that you committed professional misconduct by failing to maintain the standard of practice of the profession and that you also engaged in disgraceful, dishonourable or unprofessional conduct in your care of Patient A.

A Registrar's investigation was initiated after adverse events were reported through the College's Out-of-Hospital Premises Inspection Program. The College's assessor reviewed your care of four patients and concluded it fell below the standard of practice, reflected deficiencies in judgment in three cases, and exposed, or was likely to expose, patients to harm or injury.

In a further review of 15 additional patient charts, the same assessor found similar concerns, concluding that your care demonstrated a lack of knowledge and skill in all cases reviewed and deficiencies in judgment in several, again exposing, or risking exposure of patients to harm.

As the assessor's report provided, you performed treatments and procedures that were not medically indicated or supported by evidence-based medicine. You failed to communicate appropriately with consulting physicians, and your medical records displayed a lack of any clear link between your clinical evaluation and the interventions you performed, among other deficiencies.

You provided multiple, frequent and unnecessary nerve blocks, using subtherapeutic doses of medication often to areas that were not of clinical concern. You inappropriately prescribed oral corticosteroids, narcotics, and cannabinoids in the management of chronic nonmalignant pain, as well as dangerously injecting two patients who were anticoagulated. You disregarded important co-morbidities, including a patient experiencing delusions, and another with a substance use disorder. Further, there is no record that you reported to the Ministry of Transportation that a patient was experiencing suspected absence seizures, making them unsafe to drive. This potentially exposed both the patient and the public to harm.

In a separate matter also before us today, we found, and you do not contest, that you committed disgraceful, dishonourable or unprofessional conduct in your treatment of Patient A, by touching her gluteal and pelvic region without adequate explanation. This caused Patient A to feel upset and uncomfortable and reflects a serious lapse in professionalism.

Patients experiencing chronic pain are vulnerable. They are often desperate to seek relief and place trust in their physicians to practise appropriately and to adhere to established guidelines in their treatment. Your failure to do so is a serious breach of your responsibilities.

Four prior appearances before the ICRC, each resulting in a caution, show that you have previously been reminded of the professional obligations expected of you in your practice area. In three of those matters, the ICRC specifically addressed your obligation to obtain proper consent. Taken together, the cautions also addressed broader practice expectations, including adherence to College policies in relation to patient care and documentation.

Your prior discipline history cannot be overlooked. In 2020, following an uncontested hearing, this Tribunal, then known as the Discipline Committee, found that you engaged in disgraceful, dishonourable or unprofessional conduct in your care of a patient, including initiating physical contact during treatment in sensitive areas without adequate explanation or consent. You were suspended for two months and required to take coursework in ethics and boundaries. It is very disappointing to see you before this Tribunal again for concerns that engage similar professional obligations, particularly following the remediation measures already undertaken.

The penalty we have ordered, consisting of a four-month suspension, restrictions on injecting and prescribing, as well as clinical supervision with a remedial education plan, is necessary to address the seriousness of your misconduct. These measures are intended to ensure that, upon your return to practice, you act in full compliance with your professional obligations and do not appear before this Tribunal again.