SUMMARY

DR. GABRIELA FRANKLIN (CPSO# 75966)

1. Disposition

On August 2, 2017, the Inquiries, Complaints and Reports Committee ("the Committee") required Dr. Franklin (Family Medicine) to appear before a panel of the Committee to be cautioned with respect to deficient narcotic prescribing, her approach to terminating the physician-patient relationship, and being slow to respond to the College.

The Committee also accepted an undertaking from Dr. Franklin, dated July 19, 2017.

2. Introduction

A patient who had chronic, non-cancer pain complained to the College that Dr. Franklin: prescribed very large amounts of opiates despite the patient's history of substance abuse; prescribed extra fentanyl patches and the patient began abusing the patches; and terminated the physician-patient relationship shortly after being asked to verify the high-dose narcotic prescription.

3. Committee Process

A Panel of the Committee (consisting of physician and public members) constituted to consider cases that include narcotics prescribing issues met to review the relevant records and documents related to the investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

As part of this investigation, the College sought an independent opinion ("IO") from a family and emergency medicine physician who reviewed the investigative record, interviewed Dr. Franklin and submitted a written report to the Committee.

The Committee considered the report of the IO provider, who concluded that Dr. Franklin failed to meet the standard of practice of the profession in this case and demonstrated a lack of knowledge, skill and judgement in multiple arenas with respect to opioid prescribing, and that her care for the patient exposed or was likely to expose the patient to harm or injury.

The Committee also considered Dr. Franklin's response to the IO provider's report, where Dr. Franklin described educational efforts she is making in the areas of opiate prescribing and management. Dr. Franklin noted the patient adamantly insisted the prescription levels be increased and was non-compliant with other referrals for management of the patient's chronic, non-cancer pain. Dr. Franklin initially told the College she does not check her mail, including correspondence from the College, due to a certain medical condition she had. However, she later denied having this condition and said she had made the comment as an off-hand remark intended as "grey humor" and her normal practice is to open and review all correspondence as promptly as possible.

As a result of this investigation, the Committee had serious concerns about Dr. Franklin's narcotics prescribing and medical record-keeping (the Committee observed that Dr. Franklin's records in this case were virtually absent, including no appropriate history or physical examination). The Committee noted that its concerns would be satisfied, in part, if an undertaking could be obtained from Dr. Franklin to address the issues in question. Such an undertaking was obtained, and will be posted on the public register while it remains in effect. The Committee was satisfied that the terms of the undertaking (which include close, phased supervision, professional education (including with respect to opiate prescribing and medical

record-keeping) and reassessment) are important measures to ensure that Dr. Franklin's ongoing and future narcotics prescribing is safe and effective for patients.

However, the Committee was concerned by the deficiencies in Dr. Franklin's narcotics prescribing that the IO provider identified in this case.

Referencing the College policy *Ending the Physician-Patient Relationship,* the Committee was also concerned about how Dr. Franklin managed the termination of the physician-patient relationship, in that she based the decision on the patient's non-compliance with treatment recommendations instead of considering other options for treatment, and she only agreed to provide the patient with one week of interim care, which was not reasonable.

The Committee noted this was not the first time that Dr. Franklin's responsiveness to the College had been an issue.

Therefore, in addition to accepting Dr. Franklin's undertaking, the Committee determined that it was also appropriate to require her to attend at the College to be cautioned in person in the three areas set out above.