

SUMMARY

Dr. David George Henry (CPSO# 22752)

1. Disposition

On February 8, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required Dr. Henry, a family physician, to appear before a panel of the Committee to be cautioned with respect to the clinical care and treatment that he provided to a patient with an addiction to opioids, including his inappropriate prescribing to this patient.

2. Introduction

A family member of a patient complained to the College that Dr. Henry was prescribing the patient narcotic medication despite the patient’s express desire that he never receive any medication in the form of a narcotic.

Dr. Henry submitted a written response which detailed the care that he provided to the patient.

3. Committee Process

As part of this investigation, the Committee retained an Independent Opinion provider (“IO provider”) who specializes in family medicine. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

A General Panel of the Committee, consisting of both public and physician members, met to review the relevant records and documents related to the complaint/investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College’s professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College’s website at www.cpso.on.ca, under the heading “Policies & Publications.”

4. Committee’s Analysis

The IO provider noted the following deficiencies with respect to Dr. Henry's care of the patient:

- While he looked after the patient, Dr. Henry and other care providers in his practice recorded attempts to address the patient's use and abuse of opioids and benzodiazepines. They referred the patient to orthopedic surgery for his injuries and chronic pain issues. They also flagged the patient's chart with a warning and Dr. Henry tried prescribing limited quantities, weekly dispensing, and referrals to a pain clinic and methadone clinic. Dr. Henry also used non-narcotic adjuvant medications for the patient's anxiety, depression and pain, including Celebrex, clonidine, Cymbalta, Lyrica, and trazodone. Dr. Henry went through the exercise of stopping all narcotics on at least three occasions.
- During this period, however, Dr. Henry did not establish an opioid agreement with the patient in order to set clear and firm boundaries with respect to his narcotics prescribing. He also did not follow through on or sustain actions to withhold opioids from the patient. Dr. Henry did not make the connection that the patient was beginning to demonstrate addictive behaviour in his use of the opioids and benzodiazepines that he was receiving. Dr. Henry overprescribed doses and quantities of benzodiazepines to the patient and did not treat the patient for his clear addiction or manage the patient's addictive behaviours. Moreover, he did not adequately document the number of prescriptions and the intervals of refills such that he could have noticed the patient's pattern of use and abuse sooner.
- Dr. Henry knew that the patient had an addiction disorder and did try to refer him; however, it was unacceptable that he prescribed benzodiazepines to a patient who had just recently completed 42 days of rehabilitation for an addiction to narcotic medications. Dr. Henry did not have the knowledge about addiction to support his patient in recovery. He was unable to act on his knowledge of the patient's persistent drug-seeking behaviour and repeatedly permitted the patient to obtain doses and quantities of controlled substances that a more prudent physician would generally regard as being "harmful". Dr. Henry also did not make effective use of information from the patient's family. Instead, Dr. Henry trusted the patient completely and ignored one of the sentinel symptoms of addiction, i.e. lying in order to maintain a supply of the drugs of choice.

- Any physician who permits drug-seeking behaviour and who prescribes excessive doses and quantities of narcotics to a patient who has a known addiction disorder is doing harm.

The Committee shared the IO provider's concerns with respect to Dr. Henry's care in this case.

The Committee also made note of the fact that, during the course of a concurrent investigation, Dr. Henry executed an undertaking with the College, in which Dr. Henry agreed to maintain a log of prescriptions for targeted drugs and keep patients' prescriptions in their medical records. He further agreed not to issue prescriptions of any narcotics or narcotic preparations to any patient who is not already receiving such medications for the treatment of non-malignant pain. Dr. Henry further agreed to complete professional education regarding safe opioid prescribing, and to engage a clinical supervisor that is acceptable to the College for a period of 12 months. After the period of supervision Dr. Henry agreed to submit to a reassessment of his practice. While Dr. Henry's undertaking is in effect it will remain posted on the College's Public Register.

The Committee was satisfied that a caution in person in addition to Dr. Henry's undertaking addressed the deficiencies identified in the College's investigation about Dr. Henry's practice. The Committee regards this as an appropriate resolution that will sufficiently protect the public.