

SUMMARY

DR. JOHN LEONARD REMUS (CPSO# 21061)

1. Disposition

On August 13, 2018, the Inquiries, Complaints and Reports Committee (the Committee) directed orthopedic surgeon Dr. Remus to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Remus to:

- Complete the next available sessions of the University of Toronto Medical Record-Keeping Course, and the Safe Opioid Prescribing Course;
- review the College's policies on *Medical Records* and *Prescribing Drugs*, the Canadian Medical Protective Association (CMPA) article on preventing the misuse of opioids <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2015/preventing-the-misuse-of-opioids>, and the Centre for Effective Practice Management of Chronic Non-Cancer Pain Tool <https://thewellhealth.ca/cncp>, and provide a written summary of the documents with reference to current standards of practice (where applicable), how it is applicable to Dr. Remus' situation, as well as how Dr. Remus has made – or plans to make – changes to his practice;
- undergo a period of supervision with a clinical supervisor approved by the College; and
- undergo a reassessment with an assessor selected by the College approximately six months after completing the education plan.

2. Introduction

A family member of the Patient complained to the College about Dr. Remus' care of the Patient, in terms of his prescribing of narcotics. In particular, the family member was concerned that Dr.

Remus continued to prescribe narcotics to the Patient despite being aware of the Patient's addiction issue, and prescribed narcotics to the Patient one week prior to the Patient's admission to a drug rehabilitation program despite being aware that the Patient would be entering into the program.

Dr. Remus described his treatment of the Patient over the years, which included prescribing narcotics and hypnotics. He noted that he did refer the Patient to an addiction treatment program and the Patient was successful in weaning off his medications. He explained that he felt it was appropriate to continue to prescribe medications pending the start of the treatment program to prevent withdrawal symptoms. He indicated that he did not prescribe any medication to the Patient after the Patient completed the program.

3. Committee Process

A Mental Health Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. 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 Committee noted that the record indicates that throughout his treatment of the Patient, Dr. Remus attempted to diagnose and treat multiple orthopedic issues and he prescribed both pain medication and hypnotics. However, there was little evidence in the record of any physical examinations, and Dr. Remus prescribed narcotics for many years without a narcotics contract and also prescribed hypnotics without concern about the combination of the two medications. There was also indication in the record of a discussion about addiction prior to 2017 without further exploration of the issue.

The record confirmed that Dr. Remus authorized a prescription refill for a large number of narcotics shortly before the Patient's admission to an addiction treatment program. The Committee was of the view that in prescribing in this manner, Dr. Remus demonstrated a lack of insight into addiction issues and poor judgment.

Dr. Remus confirmed that when he saw the Patient in November 2017, the Patient advised him that he had successfully completed the addiction treatment program and was no longer taking narcotic medication. Dr. Remus' record of the visit indicates that he advised the Patient that he may require narcotic medication for his pain going forward. He advised that he did not see the Patient again after this, nor did he prescribe any medication. The Committee found it concerning that Dr. Remus considered prescribing narcotic medication to the Patient after he had just undergone treatment for an addiction to such medication, and was of the view that Dr. Remus demonstrated little appreciation for the addictive illness.

The Committee was also concerned by the poor quality of Dr. Remus' records in this case, particularly in terms of the lack of any documentation of physical examinations.

In the circumstances, the Committee determined that it was appropriate to require Dr. Remus to engage in remediation in the areas of prescribing and medical record-keeping, as set out above.