

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 breaching his July 2016 Undertaking.

2. Introduction

The College received information raising concerns about Dr. Henry’s narcotics prescribing and subsequently, the Committee approved the Registrar’s appointment of investigators to conduct a broader review of Dr. Henry’s prescribing practices.

During the course of the investigation the College received a call from a licensed producer of medical marijuana, advising that they had received a prescription from Dr. Henry for marijuana. They felt this may have been a breach of Dr. Henry’s executed Undertaking with the College. Dr. Henry said that he thought this prescription was allowed under the terms of his Undertaking.

3. Committee Process

As part of this investigation, the Registrar appointed a Medical Inspector (“MI”) to review a number of Dr. Henry’s charts, interview Dr. Henry, and submit a report to the Committee.

A General Panel of the Committee, consisting of public and physician members, 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

The MI identified the following deficiencies with regards to Dr. Henry's prescribing practices:

- Dr. Henry's narcotic prescribing practices showed a lack of knowledge about narcotic pharmacodynamics as evidenced by long- and short-acting narcotics prescribed together. Documentation that addresses the potential risks, benefits and side effects of many narcotics and benzodiazepines is consistently missing from his patients' medical records. Dr. Henry's chart notes are brief and they fail to describe the quality and severity of pain. He continues to prescribe narcotic medication to patients who show behaviour suggestive of opiate use disorders, for example: double-doctoring; forgery of prescriptions; requests for early release of narcotics; as well as other clear indications of illicit substance use. Dr. Henry fails to act on drug screen results that are inconsistent with what he prescribes. He also appears to disregard opinions that he receives from colleagues and other health care professionals with respect to the appropriate dosing of narcotic drugs his patients. Dr. Henry allows for numerous early releases of both narcotics and benzodiazepines which results in large, perhaps dangerous amount of narcotics in his patients' possession.
- Dr. Henry shows a lack of knowledge about the appropriate prescribing of narcotics. Many of Dr. Henry's patients were started and then maintained on narcotic medications for conditions that do not clearly warrant the use of narcotic medications, for example: musculoskeletal back and/or shoulder pain, migraine headaches, and fibromyalgia. In a few cases, he prescribes various long-acting narcotics together and in addition to short-acting narcotics, contrary to the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* [which guidelines have now been replaced by the new *2017 Canadian Guidelines for Opioid Therapy and Chronic Non-Cancer Pain*]. Dr. Henry demonstrates a lack of judgement in the care that he provides to his patients. He fails to consider other salient features of patients' medical histories such as substance use disorders and previous suicide attempts when he is prescribing them narcotics. He continues to prescribe high doses of narcotics and benzodiazepines to patients despite evidence from his colleagues and other health care providers of abuse and/or diversion. Dr. Henry also fails to recognize patterns of drug-seeking behaviour such as lost or stolen prescriptions, requests for early repeats of narcotic medications and aberrant behaviour. Dr. Henry's clinical practice and conduct exposes his patients to harm and/or injury.

He continues to prescribe high-dose narcotic medications to his patients, often with several early releases, putting his patients at risk of significant morbidity and mortality.

Dr. Henry does so despite colleagues' opinions and drug-seeking behaviours in patients.

Dr. Henry said few of the patients whose charts were reviewed were started on opioids by him and that the majority of them had already been prescribed opioids before they joined his practice. Many of these patients were challenging and other physicians had refused to assume their care.

Dr. Henry indicated that he has undertaken significant educational and remedial efforts in order to expand his knowledge base and to improve his practice with respect to prescribing opioids, and that his medical knowledge about opioids is not reflected in the charts that were reviewed. He said he has completed the Safe Opioid Prescribing Series through the University of Toronto, reviewed current medical literature, participated in counselling, attended a prescribing seminar, and has also recently registered in a workshop on challenging cases in opioid use and misuse.

Dr. Henry said of the charts reviewed one patient had cancer and two came to him on opioids; however, he has dismissed three other patients and has referred four more to methadone clinics. Dr. Henry said that all of the patients whose patient charts were reviewed, and all other patients, have now signed narcotics contracts and he does urine drug screens and pain assessments. Almost all of these patients are at prudent doses and he encourages continued dose reductions.

Dr. Henry said he has radically altered the way that he regards patients who are on prescription opioids, such that he now has additional time to sit with them and provide extensive counselling, which has helped his patients to understand what he is attempting to do and why he is doing it. He indicated that he followed the terms of the recent Undertaking he signed with the College, which included the requirement that he limit his prescriptions of certain pain medications and faithfully maintain a record of all the prescriptions that he has written for certain medications.

Dr. Henry said he has sought assistance from a methadone clinic physician in the community, who indicated that he is prepared to work with him and monitor his opioid prescribing practices. The methadone provider will attend his office for chart reviews and provide advice on his care.

Along with his written response Dr. Henry provided letters from physicians supporting his care.

The Committee shares the MI's concerns regarding Dr. Henry's narcotics prescribing practices. The Committee has accepted Dr. Henry's Undertaking, executed January 26, 2016, in which he agreed to keep a log of prescriptions for targeted drugs and keep prescriptions in patients' charts. Dr. Henry further agreed not to issue prescriptions of any narcotics or narcotic preparations to any patient who is not already receiving such medications for treatment of non-malignant pain. Dr. Henry also agreed to complete professional education on the topic of 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. The Committee was satisfied that the above-noted Undertaking addresses the concerns identified in the College's investigation about Dr. Henry's practice regarding his narcotics prescribing. The Committee regarded the Undertaking as an appropriate resolution to this particular issue.

The Committee remained concerned that Dr. Henry has breached his previous Undertaking. On July 29, 2016, Dr. Henry signed an Undertaking with the College in which he agreed he would not issue new prescriptions for narcotic drugs or preparations (including cannabinoids). On January 5, 2017, however Dr. Henry issued a prescription for medical marijuana for a patient. The Committee regarded the marijuana prescription as a breach of the July 2016 Undertaking. While there was some debate in the correspondence between Dr. Henry's counsel and the College with regards to whether this prescription for marijuana was a "new" prescription or not in the Committee's view a reasonable physician would have recognized it as a new prescription, especially given that Dr. Henry had ceased prescribing narcotics to the patient in August 2016.