

SUMMARY

Dr. Yidersal Mellese Gebeyehu (CPSO# 82015)

1. Disposition

On May 19, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered Dr. Gebeyehu, a family physician, to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Gebeyehu to:

- Successfully complete the next available session of the following two courses:
 - the Safe Opioid Prescribing Course, through the University of Toronto
 - the Medical Record-Keeping Course, through the University of Toronto
- Review and submit written summaries of the following policies and guidelines:
 - the 2017 Canadian Guidelines for Opioids for Chronic Pain
 - the College’s *Medical Records* policy
 - the College’s *Prescribing Drugs* policy
- Engage in focused educational sessions with a Clinical Supervisor acceptable to the College for a period of four months to address the following deficiencies in his practice:
 - Post-operative analgesia in adolescents
 - Opioid use in at-risk patients, especially in those with mental illness
 - Comprehensive and detailed notes that articulate a patient’s history
 - Documentation of consent discussions for both prescriptions and procedures
- Undergo a reassessment with an Assessor selected by the College with assessment tools that may include but are not limited to the following:
 - A review of a minimum of 10 to 25 of Dr. Gebeyehu’s patient charts
 - An in-person interview with Dr. Gebeyehu

2. Introduction

The College received a complaint regarding Dr. Gebeyehu's conduct with respect to a patient. Specifically, the individual expressed concern that Dr. Gebeyehu inappropriately prescribed 50 oxycodone tablets to a mentally unwell student with no fixed address and in doing so behaved in a manner that was unprofessional.

Dr. Gebeyehu replied that he did a Vandenbos procedure (for ingrown toenails) on the patient. He stated that he met with the patient both times to assess her suitability for the procedure, and that after the procedure he prescribed the patient 50 tablets of pain medication (Percocet), because patients have considerable pain in the affected area during the first week of healing. He said many patients find Tylenol and Advil inadequate so he provides Percocet prescriptions and he follows up with each patient approximately one week after performing the procedure. He said that most patients find that this level of analgesia is proportionate to their level of pain.

Dr. Gebeyehu also indicated that the patient's chart did not reflect the fact that the patient was on anti-depressants for suicidal ideation, and when he saw her she was well and seemed happy. He said that the patient exhibited no signs of depression and her chart made no reference to it. He stated that he is aware of the issues that surround the prescribing of narcotic medications and that none of his patients are currently on doses equivalent to or above the watchful dose. He said that he tries to titrate patients' narcotic dosages downward or wean patients off them. Dr. Gebeyehu stated that the patient underwent the Vandebos procedure in a sensitive area and that it was in light of this that he believed that a prescription for opioids was appropriate. He said he did not document his discussion with the patient about how to use the medication, but stated that he did discuss appropriate use and other matters such as possible side-effects.

3. Committee Process

A Surgical 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 Canadian Federation of Podiatric Medicine has guidelines regarding the post-procedural analgesia that should be used after the Vandenbos procedure. Specifically, the guidelines state that for Vandenbos procedures for ingrown toenails, appropriate post-procedural analgesia is either acetaminophen with codeine or just ibuprofen. The Committee appreciated that Dr. Gebeyehu has significant experience in performing this procedure and that he has found that neither Tylenol #3 nor Advil provide sufficient pain relief. The Committee noted that the above-noted guidelines are not practice standards per se; however, it expects that physicians will to adhere to them in all but very limited circumstances.

In the Committee's view, the prescription that Dr. Gebeyehu gave the patient for Percocet was highly excessive both in terms of the number of tablets prescribed and in terms of the dosage. This prescription for Percocet would have been inappropriate for even an adult patient; therefore we regard it as being especially out of line for a patient in the pediatric population. The Committee felt Dr. Gebeyehu should have prescribed the patient a less potent analgesic, and that if that proved to be inadequate then he could have considered a stronger medication. If in the end Dr. Gebeyehu still believed that Percocet was the best form of pain management, 30 tablets (e.g. one or two tablets three times a day for five days) would have been sufficient.

The patient was not only of the pediatric age group but she had considerable vulnerabilities. She had no fixed address and she lived at a friend's house until she became homeless again. She also had a history of depression and was reportedly taking anti-depressant medication because she had attempted to commit suicide by overdose and had bouts of suicidal ideation. There was also a risk of diversion in giving large quantities of narcotic medication to this patient. Physicians should also not prescribe large quantities and dosages of narcotic medications to

people who have a history of repeated suicide attempts, particularly through drug overdoses. Dr. Gebeyehu indicates that there is no record of the patient's vulnerabilities in her chart; however, the record does not reflect that Dr. Gebeyehu tried eliciting any history from her. Had Dr. Gebeyehu attempted to get a history from the patient at their follow-up appointments, then he likely would have been alerted to her living situation and also her history of depression. The College's policy statement *Prescribing Drugs* provides the College guidelines on prescribing. It states that before prescribing a medication physicians must know the patient's clinical status, which can only be accomplished by eliciting a full history, performing a thorough assessment and having the most complete and accurate list possible of drugs that the patient is taking. While Dr. Gebeyehu says the patient seemed to be well during her follow-up appointments, that she did not appear to be depressed in any way and that her affect seemed to be happy, mere observation alone is not an appropriate substitute for a thorough clinical evaluation. There is no record that Dr. Gebeyehu physically or psychologically assessed the patient at all.

The Committee appreciated that Dr. Gebeyehu has taken the time to familiarize himself with the opioid guidelines and the College's policy statements on prescribing and medical records. The Committee noted his commitment to improving his knowledge regarding opioid prescribing by registering for the Safe Opioid Prescribing Series offered through the University of Toronto. While the Committee viewed these remedial measures as positive steps towards improvement, it remained quite concerned that Dr. Gebeyehu lacks true insight into his error in this case, insofar as he firmly defended his prescribing practice in both of his responses to the College. The Committee felt that Dr. Gebeyehu would benefit more from a College-structured program.