

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Akbar Nauman Khan (CPSO #65249)
(the Respondent)**

INTRODUCTION

The Respondent is a general practitioner and provided care to the Complainant in 2019 and 2020. The Complainant's family member was a staff member at the Respondent's clinic.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent,

- **provided false information on the health effects of nicotine;**
- **told the Complainant that "nicotine on its own" was not bad for his health;**
- **encouraged the Complainant to purchase vaping products and nicotine juice which made his nicotine addiction worse and worsened his cough; and**
- **sold the Complainant expired nicotine products - When the Complainant brought this to the Respondent's attention, the Respondent told the Complainant that there was nothing wrong with the products and to continue to use them.**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of April 20, 2022. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned to adhere to the College's policy *Medical Records Documentation*; and to maintain appropriate boundaries, including being aware of the impact of dual relationships on patient care.

COMMITTEE'S ANALYSIS

Re: Complainant's concerns about the Respondent's treatment for nicotine addiction

The Committee is limited to a documentary review of information and is unable to know with certainty what the Respondent advised the Complainant at any particular visit. In reviewing the records, there is nothing to support that the Respondent provided

treatment to the Complainant for nicotine addiction and/or smoking cessation or provided nicotine products.

The Committee did not take any action on the specific concerns raised by the Complainant.

Medical Recordkeeping

However, the Committee was concerned with the Respondent's recordkeeping. His records were incomplete and lacked sufficient details or clinical information either to support the treatment provided to the Complainant or to complete forms or notes for him.

As indicated in the College's *Medical Records Documentation* policy, thorough and legible notes are a crucial component of good medical care, and are an important measure of the quality of care received by a patient. A physician's notes are meant to reflect the interaction between a physician and a patient, and chronicle a physician's management of a patient's care. They should include important discussions such as explanations of treatment options offered, together with notations relating to any discussions which were had about the relative benefits and risks of proposed interventions.

The Respondent has an extensive history of College complaints and investigations in which concerns have been raised about his competence and failure to maintain the standard of practice. This includes multiple referrals to the Discipline Tribunal as well as current restrictions on his license to practise.

Given the Committee's concerns about the Respondent's medical records, it decided to caution the Respondent to adhere to the College's policy *Medical Records Documentation*.

Maintaining boundaries with patients

The Committee also identified boundary concerns in this case, as the Complainant was a family member of clinic staff. The Respondent should have recognized the potential for possible conflicting duties when he allowed the Complainant into the program and began to provide treatment and complete forms for him. He should also have been alert to conflicts in allowing that staff member to provide treatment to the Complainant and document in his chart.

When there are dual relationships, such as in this case where the Complainant was a close family member of clinic staff, it may impact a physician's objectivity and professional judgement. It raises the possibility of conflicting duties and obligations, as well as misunderstanding, and makes it more difficult to avoid boundary crossings.

Given the Committee's concerns about the Respondent's decision to treat the Complainant despite his connection to a clinic staff member, the Committee decided to caution the Respondent to maintain appropriate boundaries, including being aware of the impact of dual relationships on patient care.