

## SUMMARY

### Dr. Timothy Griffioen (CPSO# 62137)

#### 1. Disposition

On April 6, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required general practitioner Dr. Griffioen to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Griffioen to:

- take courses in safe opioid prescribing and medical record keeping
- participate in one-on-one instruction with respect to professional behaviour and communications
- review and provide written reports of College policy #4-12, *Medical Records*, the College’s *Practice Guide*, and College policy #3-08, *Ending the Physician-Patient Relationship*
- undergo a reassessment of his practice.

The Committee further required that Dr. Griffioen appear before a panel of the Committee to be cautioned with respect to communication with patients, including a patient on opioids, and documentation of his management of such a patient, including documentation of his thought process for actions taken, and on his initial communication with the College in response to this complaint.

#### 2. Introduction

A patient saw Dr. Griffioen in a single encounter, when he was working as a locum in the practice of her family doctor. The patient had been on a high dosage of opioid medication for some years, as prescribed by her family doctor. She complained to the College that Dr. Griffioen failed to renew her medication dosage as previously prescribed; failed to communicate his rationale for decreasing her medication dosage, or to advise her of potential withdrawal symptoms and management of the same; and failed to address her dietary concerns. When she asked the pharmacist to check the prescription, Dr. Griffioen reduced her dosage further, and

wrote on the prescription that she had to find a new physician. He later had the clinic's receptionist relay that the patient needed to find a new family doctor.

Dr. Griffioen initially refused to read the letter of complaint, and commented that if he had renewed the patient's high dosage of prescription medication, the College may have been critical of him for that. Dr. Griffioen subsequently provided a further response to the complaint, apologizing for the tone of his initial response, and stating that he was not comfortable prescribing the large dose of opioids that the patient had been on. He acknowledged that his documentation of the encounter was lacking, owing to the fact that he wished to leave and drive home, due to inclement weather. For the same reason, he stated, he did not address the patient's dietary concerns.

### 3. Committee Process

A 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.cpsso.on.ca](http://www.cpsso.on.ca), under the heading "Policies & Publications." In this case, the Committee referred to College Policy Statement #4-12, *Medical Records*, College Policy Statement #3-08, *Ending the Physician-Patient Relationship* and the College's *Practice Guide*.

### 4. Committee's Analysis

The Committee found that Dr. Griffioen's approach when faced with a patient on large doses of opioids was lacking. Even if he had misgivings about the quantities of opioid medication the patient received, Dr. Griffioen did not act appropriately in failing to renew her previous opioid prescription without a clinical assessment, review of the medical record, discussion of alternatives to opioids or consideration of potential withdrawal symptoms. Dr. Griffioen's care also suffered from his failure to discuss with the patient the rationale for his treatment, specifically, his decision to reduce her medication, during her office visit, or to speak with her when she called later.

Dr. Griffioen's medical record was minimal, with no documentation of clinical assessment or of his thought process or rationale for the treatment provided, any plan for withdrawal of narcotics, or any alternative pain management strategies.

Dr. Griffioen communicated his decision to terminate the patient from the practice via a comment written on a faxed prescription, then through the receptionist. He did not make arrangements for the patient to have interim care until she found a new physician, contrary to the procedure set out in the College's Policy on *Ending the Physician-Patient Relationship*.

The Committee noted Dr. Griffioen's significant and relevant College history in reaching its dispositions in this matter, expressing its concern that Dr. Griffioen did not appear to have learned from prior interactions with the College.