

COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA
SUMMARY OF DECISION OF INVESTIGATION COMMITTEE ‘C’

Dr. Lisa Dearman
License Number 010094

OVERVIEW

This matter was initiated by a letter from the Nova Scotia Prescription Monitoring Program (NSPMP) to the College of Physicians and Surgeons of Nova Scotia (“College”) received on January 3, 2018.

A response from Dr. Lisa Dearman was received on March 13, 2018.

Investigation Committee ‘C’, formed in accordance with the *Medical Act* of Nova Scotia, 2011, was responsible for the investigation of this complaint.

In addition to correspondence from the complainant and respondent, the Committee considered its interview of Dr. Dearman held on September 4, 2018.

PARTIES

Dr. Lisa Dearman is a family physician licensed to practice medicine in Nova Scotia since 1992. Dr. Dearman is a physician currently practicing in Upper Tantallon. Her licence number is 010094.

Under the *Prescription Monitoring Act and Regulations*, the NSPMP promotes the appropriate prescribing of monitored medications in Nova Scotia.

SUMMARY

Key points as reported by the Complainant

In a letter to the College received January 3, 2018 from the Manager of the NSPMP, concerns were raised about Dr. Dearman’s prescribing of hydromorphone to a professional acquaintance of Dr. Dearman’s. The concerns were initially brought forward by a pharmacy to the NSPMP.

The NSPMP Medical Consultant contacted Dr. Dearman regarding these concerns, and made repeated attempts to positively modify Dr. Dearman’s prescribing approach and to support her in seeking treatment for her professional acquaintance’s suspected opiate addiction.

The Medical Consultant was unable to contact Dr. Dearman after July 17, 2017. The professional acquaintance continued to receive large opioid prescriptions from Dr. Dearman, and the Medical Consultant therefore suggested referral of this case to the College. The Medical Consultant also wrote Dr. Dearman, encouraging her to refer her professional acquaintance for specialized treatment.

The Medical Consultant noted the following concerns based on a review of Dr. Dearman's professional acquaintance's profile:

- In May 2017, the professional acquaintance was receiving approximately 500 oral morphine equivalents (OME) in the form of oxycodone 8 mg tabs.
- On July 3, 2017 the professional acquaintance received an increased dose of opiates in the form of Hydromorph Contin and the dosage underwent rapid escalation to 1450 OME.
- The professional acquaintance exhibited a number of aberrant behaviours such as:
 - waiting at the door of the pharmacy before it opened to fill prescriptions;
 - obtaining opioid prescriptions from different practitioners (dentist, orthodontist);
 - demanding large fills of opioids because of upcoming trips outside of Nova Scotia, without being able to provide proof of travel;
 - attempting to renew prescriptions early; and
 - becoming confrontational with pharmacy staff.

Key points as reported by the Respondent

In her letter of March 13, 2018 to the College, Dr. Dearman apologizes for the delay in her response. She also apologizes for the ongoing prescribing of hydromorphone and Hydromorph Contin to her professional acquaintance.

Dr. Dearman has been a professional acquaintance of this individual for over 10 years. She began prescribing pain medication after the retirement of the professional acquaintance's family physician, on the understanding her professional acquaintance would seek another family doctor. Her professional acquaintance had undergone dental procedures, which caused neuropathic pain. Her professional acquaintance sought medication from herself and the dentists. She assumed based only on his/her assurance once she started prescribing hydromorphone, the professional acquaintance only requested medication refills from her.

Dr. Dearman states when she was contacted by the Medical Consultant she did refer her professional acquaintance to another physician. She had anticipated this physician would take over her professional acquaintance's care, but they did not.

After again speaking with the NSPMP Medical Consultant, she attempted to refer her professional acquaintance to a Pain Clinic, but they would not accept her professional acquaintance unless the consultation was for treatment of addiction, and not pain. Her professional acquaintance denied an addiction problem and did not attend the Pain Clinic.

Dr. Dearman referred her professional acquaintance to another Pain Clinic, and advised once seen there, she would cease prescribing medication to that person. The appointment was scheduled for the first week of January 2018, and she stopped prescribing for her professional acquaintance a short time before that.

Dr. Dearman states she is well acquainted with College guidelines regarding the prescribing of controlled medications, as she was investigated for a similar complaint in the past. She will be particularly careful about prescribing narcotics to friends and professional acquaintances in the future.

CONCERNS/ALLEGATIONS OF COMPLAINANT

The NSPMP alleges:

- Dr. Dearman's prescribing of hydromorphone to her professional acquaintance has been irregular and inconsistent with the NSPMP's expectations;
- Dr. Dearman's prescribing practices have raised concerns about her patient's safety; and
- Dr. Dearman failed to appropriately respond to the NSPMP Medical Consultant's initial attempts to positively influence her prescribing approach, and later attempts to contact her were ignored.

CONCERNS OF COMMITTEE

As with all complaints, the Investigation Committee is not limited to investigating only the concerns set out in the complaint. The Committee has the responsibility to look into all aspects of a physician's conduct, capacity or fitness to practise medicine that arise in the course of the investigation.

In this matter, after reviewing all available information, the Committee identified the following additional concerns arising from the investigation of this complaint:

- Dr. Dearman appears to have difficulties with assertiveness in dealing with intimidating behaviour by patients, professional acquaintances and family;
- Dr. Dearman appears to have problems establishing appropriate boundaries with patients;
- Dr. Dearman appears to have problems with establishing appropriate practice boundaries; and
- Dr. Dearman appears to be professionally isolated.

DISCUSSION

The Committee has been asked by the NSPMP to evaluate the prescribing of opioid medications by Dr. Dearman to a professional acquaintance starting in July 2016 and continuing until

December 2017. Whether this prescribing was inappropriate is not in dispute – Dr. Dearman admits in her response to the complaint and in her interview with the Committee the prescribing to her professional acquaintance was inappropriate, and has apologized for it. The Committee notes Dr. Dearman agreed to prescribe hydromorphone and other medications to her professional acquaintance without accessing their prior records and without contacting their former family physician. She prescribed large quantities of medication. She made little effort to confirm the use of these medications, either by consulting her professional acquaintance’s profile from the NSPMP or calling that person's pharmacy. She relied on little more than her intuition to ensure her professional acquaintance was not misusing or diverting prescriptions. She did not do urine drug screens. She did not ask for proof of travel when her professional acquaintance asked her for increased doses when travelling.

Dr. Dearman admits she was concerned her professional acquaintance was suffering from an addiction to opioids, and yet continued to prescribe them. In the view of the Committee, she spent much too long trying to arrange appropriate treatment for her professional acquaintance’s addiction.

The Committee interviewed Dr. Dearman on September 4, 2018 to discuss this matter. Dr. Dearman acknowledged her treatment of her professional acquaintance was inappropriate. She admitted she should have been more vigilant in her treatment of this professional person. She stated she was well aware of her past history with the College and its applicability to this case.

“I do understand that it was inappropriate prescribing on my part, my weakness to stand up to [him/her] and I would have served [him/her] better by referring [him/her] a lot sooner.”

Dr. Dearman also admitted her own vulnerability to coercion and intimidation by patients, and feels she may have been targeted by her professional acquaintance because of this. She felt her office arrangements in her home and her professional isolation contributed to her vulnerability to being pressured to prescribe opioids inappropriately. Dr. Dearman expressed her hope to the Committee the College would restrict her from prescribing opioids in the future, as she felt this would enable her to deal with pressure and intimidation from patients.

“I think [he/she] chose me because I don’t have an office with the other Wolfville doctors, I think [he/she] chose me because [he/she] probably knows I’m easily intimidated, I just feel like [he/she] chose me.”

“I would like to say that no one like [her professional acquaintance] will ever come up and sort of target me or influence me to prescribe, but it has happened, and it would be a relief to not be allowed to do it.”

The Committee notes Dr. Dearman did not initially respond to this complaint when notified by the College, but has cooperated with the investigation since. The Committee notes Dr. Dearman has apologized and taken some responsibility for her errors in this case.

The Committee however notes Dr. Dearman's past history with the College investigation committees regarding her prescribing of controlled substances and management of chronic non-cancer pain.

The Committee is also concerned Dr. Dearman received notification from NSPMP there was concern about her prescribing, and was given advice by their Medical Consultant, and yet was unable to make appropriate changes to her prescribing to her professional acquaintance. After July 2017, the NSPMP was unable to contact Dr. Dearman further about their concerns. The Committee notes Dr. Dearman made no effort to contact the NSPMP after July 2017.

The Committee was not satisfied with Dr. Dearman's explanations of why she did not follow the advice of the Medical Consultant of the NSPMP, and then later did not respond to the Medical Consultant's attempts to contact her. They were concerned with her lack of awareness of her professional acquaintance's drug seeking behaviour.

Dr. Dearman breached the College's *Professional Standards Regarding Review of Monitored Drug History Before Prescribing*. The standard states:

"The College of Physicians and Surgeons of Nova Scotia (CPSNS) supports and encourages the use of the Nova Scotia Prescription Monitoring Program (NSPMP). . . . prescribers and pharmacists can quickly access the most recent 18 months of prescribing history. The College encourages physicians to always review the drug profile of all patients when prescribing controlled substances."

During this process, the Committee identified a significant underlying theme in the way Dr. Dearman deals with stressful and coercive situations in her work and personal life. She admits to being easily intimidated, and uses inappropriate strategies for dealing with these situations. The Committee is concerned this is not a problem that can be addressed by restricting Dr. Dearman's prescribing privileges alone. The Committee is concerned Dr. Dearman will face in her medical practice situations where she will feel intimidated or coerced for reasons other than seeking of controlled medications. The Committee is concerned Dr. Dearman does not possess the skills to effectively deal with these situations. The Committee is concerned Dr. Dearman's choices for practice setting and her professional isolation contribute to this problem.

The Committee does not accept Dr. Dearman's apology for her inappropriate prescribing. Her request to have a restriction on her ability to prescribe monitored drugs is an insufficient remedy to her underlying problems with dealing with coercion and intimidation.

The Committee has determined Dr. Dearman failed to use appropriate judgment in assessing and prescribing these medications.

Dr. Dearman admitted awareness of but failed to follow the College's *Professional Standards Regarding Review of Monitored Drug History Before Prescribing* when prescribing these medications.

Dr. Dearman admitted awareness of but failed to follow the *2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain*, as is recommended by the College.

Dr. Dearman failed to utilize appropriate prescription monitoring practices and tools when assessing and prescribing to her professional acquaintance, in that:

- she did not access her professional acquaintance's prior medical records from an identified former family physician;
- she did not attempt to contact her professional acquaintance's identified former family physician;
- she did not call her professional acquaintance's pharmacy to confirm appropriate use of medications;
- she did not access her professional acquaintance's NSPMP patient profile;
- she did not make efforts to refer her professional acquaintance in a more timely fashion when she recognized there was an addiction; and
- she did not utilize urine drug screens or otherwise evaluate her professional acquaintance for the possibility of diversion.

Dr. Dearman failed to follow the recommendations of the NSPMP Medical Consultant. She also failed to return phone calls to the Medical Consultant.

Physicians require the skills to deal with difficult situations in healthy and appropriate ways. For this reason, the Committee agrees that in addition to a licensing sanction, Dr. Dearman will require a competency assessment to address her communications skills and assertiveness.

DECISION

In accordance with s. 99(5)(f) of the *Medical Practitioners Regulations*, in a decision dated October 10, 2018, the Committee determined that there is sufficient evidence that, if proven, would constitute professional misconduct and/or incompetence, warranting a licensing sanction.

Rather than refer the matter to a Hearing, the Committee determined that the matter can be resolved, in accordance with section 99(7)(a) of the *Medical Practitioners Regulations*, with the consent of Dr. Dearman to the following:

1. Dr. Dearman is *reprimanded* for inappropriately prescribing opioids to her professional acquaintance.
2. Dr. Dearman will be subject to a restriction whereby she will permanently cease prescribing opioids. This amounts to a restriction on Dr. Dearman's licence and will result in a change in licensing category from Full to Restricted. This restriction will be noted on the Registration and Licensing section of the College website as a condition. Appropriate stakeholders will be notified.
3. Dr. Dearman agrees to post a sign in all clinic waiting rooms and examination rooms where she sees patients, advising of her prescribing restriction.

4. Dr. Dearman must notify Health Canada of her prescribing restriction.
5. Dr. Dearman will participate in clinical skills training sessions as arranged by the College's compliance office.
6. Dr. Dearman agrees to make a contribution to the College for its costs of the investigation of this complaint.

Dr. Dearman consented to the above reprimand and restriction on November 6, 2018.