A HEARING COMMITTEE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF PRINCE EDWARD ISLAND, ACTING UNDER THE *REGULATED HEALTH PROFESSIONS ACT*, R.S.P.E.I. 1988, C. R-10.1.

BETWEEN:

COLLEGE OF PHYSICIANS AND SURGEONS OF PRINCE EDWARD ISLAND

AND:

DR. ARVIND SINGH

NOTICE OF DETERMINATION AND ORDERS

(Subsection 58(4), RHPA)

TO: Complainant (names withheld by order of the Hearing Committee)
Dr. Arvind Singh
Dr. George Carruthers, Registrar
Council of the College of Physicians and Surgeons of Prince Edward Island

TAKE NOTICE THAT, in accordance with the Revised Notice of Hearing, dated December 6th, 2022, a hearing pursuant to subsection 55(1) of the *Regulated Health Professions Act* ("RHPA") into allegations arising out of a complaint against Dr. Arvind Singh dated September 11th, 2018, was scheduled to commence on Monday, January 23rd, 2023. As a result of poor weather conditions, the hearing was postponed and was held on Wednesday, January 25th, 2023.

The Revised Notice of Hearing included five allegations that Dr. Singh, while practicing psychiatric medicine in Prince County, Prince Edward Island, did engage in professional misconduct during the period of November 15, 2016 to June 9, 2017, with respect to an individual for whom he was providing care and treatment, which individual was referred to in the Revised Notice as Patient A.

The Hearing Committee was appointed by Council of the College of Physicians and Surgeons of Prince Edward Island (the "College") pursuant to subsection 54(1.1) of the RHPA, and was comprised of Dr. Margaret Bethune (Chair), Dr. Mona Reck, and Jeremy Coffin. Lawyers for the

College were Douglas Drysdale, K.C. and Melissa Trowsdale. Lawyers for Dr. Arvind Singh were Thomas Laughlin, K.C., Janet Clark and Sean Seviour. Dr. Arvind Singh was also in attendance for the duration of the hearing.

Upon the request of Counsel for the College, and with the consent of Counsel for Dr. Singh, the Hearing Committee ordered, in accordance with subsection 56(4) of the RHPA, that no person shall publish the identities of [two individuals who had complained about Dr. Singh], or any information that could disclose the identities of said individuals.

In advance of the hearing, the Hearing Committee was provided with an Agreed Statement of Facts, dated January 17th, 2023, which was signed by Counsel for the College, Counsel for Dr. Singh and by Dr. Singh (attached as "Agreed Statement of Facts"). Counsel for the College and Counsel for Dr. Singh made submissions at the hearing requesting the Hearing Committee to accept the Agreed Statement of Facts. In considering the contents of the Agreed Statement of Facts and the submissions of Counsel for the College and Counsel for Dr. Singh, the Hearing Committee agreed to accept the Agreed Statement of Facts, and found Dr. Singh guilty of professional misconduct as described in paragraph 27 of the Agreed Statement of Facts. The Hearing Committee found that Dr. Singh's conduct as described in the Agreed Statement of Facts constituted professional misconduct contrary to Regulation XI.1 of the *Medical Act*, R.S.P.E.I. 1988, Cap. M-5, which was in effect at the time, in the following ways:

(1) by failing to maintain accepted professional standards and procedures in the practice of medicine by failing at times to provide for appropriate care of Patient A, including physical comfort and psychological support;

(2) by failing at times to make every reasonable effort to communicate with Patient A in such a way that information exchanged was understood;

(3) by providing a professional medical service without the consent of the patient where consent was required by law by failing to record properly an informed consent from Patient A and Patient A's spouse prior to conducting electro convulsive therapy (ECT) on Patient A; and

(4) by engaging in conduct relevant to the practice of medicine that, having regard to the circumstances, would reasonably be regarded by medical practitioners as unprofessional, by failing to adhere to the fundamental principles of professionalism, communication and collaboration in his interactions with Patient

A during his stay at the Prince County Hospital in Summerside, Prince Edward Island.

Following acceptance of the Agreed Statement of Facts, the Hearing Committee was presented with a Joint Recommendation on Disposition, which was signed by Counsel for the College and Counsel for Dr. Singh. Counsel for the College and Counsel for Dr. Singh also made submissions with respect to the request that the proposed orders contained in the Joint Recommendation on Disposition be issued by the Committee. Upon considering the proposed orders and the submissions of Counsel for the College and Counsel for Dr. Singh, the Hearing Committee unanimously accepted the Joint Recommendation on Disposition and ordered as follows:

(1) A reprimand letter to be issued by the Registrar of the College to Dr. Singh;

(2) A fine in the amount of $15,000.00, payable forthwith by Dr. Singh to the College;

(3) Contribution by Dr. Singh to the costs of the College in the amount of $35,000.00, payable within 6 months from the date of this order; and

(4) Successful completion by Dr. Singh of courses in the following areas, approved in advance by the Registrar of the College, at Dr. Singh's own expense, to be completed by December 31st, 2023:

   (i) Effective communication and communication styles for physicians; and

   (ii) Professionalism.

As a result of the Hearing Committee accepting the Agreed Statement of Facts and Joint Recommendation on Disposition, Counsel for the College advised that the remaining charges as outlined in the Revised Notice of Hearing were stayed.

Please take note that, pursuant to subsection 59(2) of the RHPA, the respondent, Dr. Singh, may appeal the determination or any of the orders to the Supreme Court of Prince Edward Island within 30 days of receiving this notice.

DATED at Charlottetown, Prince Edward Island, this 3rd day of February, 2023.

Margaret Bethune

DR. MARGARET BETHUNE
Chair of Hearing Committee

IN THE MATTER OF:	THE REGULATED HEALTH PROFESSIONS ACT, RSPEI 1988, c. R-10.1
AND IN THE MATTER OF:	DR. ARVIND SINGH, A MEMBER OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF PRINCE EDWARD ISLAND
AND IN THE MATTER OF:	A HEARING BEFORE A HEARING COMMITTEE BEGINNING ON JANUARY 23, 2023

AGREED STATEMENT OF FACTS

1. On June 29, 2020, the College of Physicians and Surgeons of Prince Edward Island ("College") referred to a Board of Inquiry constituted under Section 35 of the Medical Act, R.S.P.E.I. 1988, Cap. M-5 ("Medical Act"), allegations that Dr. Arvind Singh ("Dr. Singh"), a member of the College, registered on the Temporary and Limited/Provisional Register of the College since September 1, 2005, committed an act or acts of professional misconduct. The allegations were set out in a Notice of Hearing dated November 3, 2020, with the hearing scheduled to commence on December 7, 2020. The hearing did not commence on December 7, 2020.

2. Through Orders in Council issued October 12, 2021, effective November 1, 2021, the Medical Act was repealed and the College was continued under section 2(1) of the Regulated Health Professions Act, R.S.P.E.I. 1988, Cap. R-10.1 ("RHPA").

3. On December 6, 2022, the College provided a new Notice of Hearing setting out the allegations against Dr. Singh and issued pursuant to Subsection 55(2) of the RHPA, with the hearing to commence on January 23, 2023.

4. Dr. Singh is a psychiatrist with specialist certification from the Royal College of Physicians and Surgeons of Canada who has been licensed to practice medicine in Prince Edward Island since September 1, 2005.

5. The matters referred to in the Notice of Hearing relate to the period from November 2016 to June 2017 while Patient A was a patient of Dr. Singh.

6. Patient A and Patient A's spouse are registered nurses who had worked at the Prince County Hospital ("PCH") and other medical facilities in Canada and the US for approximately 20 years. Patient A and his spouse knew Dr. Singh professionally prior to Dr. Singh's involvement in Patient A's care.

7. Beginning with a consult requested by a physician in the emergency department of the PCH in November 16, 2016 through to June 2017, Dr. Singh provided psychiatric care for Patient A including recommending and prescribing medication and medication changes, cognitive behavioral therapy, a period of voluntary admission to hospital during which treatment included a course of electroconvulsive therapy (ECT), and office or consult visits to address therapy, progress and treatment.

8. In 1983, Patient A had been admitted to hospital with treatment including ECT and medication, with records at the time referring to somatic preoccupation "verging on delusional" and indicating "when admitted extremely ill with severe depression, agitation and bizarre bodily complaints...the patient responded well to the ECT and appeared to be

relatively well at the end of the course but then suddenly regressed and became very depressed and psychotic. The patient responded to a course of lithium and continued an uneventful but slow recovery till his discharge on the 6th of May, 1983."

9. In September 2018 and following, Patient A, Patient A's spouse and Patient A's sister made various allegations against Dr. Singh. They complained that Dr. Singh had been rigid and unyielding in his handling of Patient A's case and had not properly obtained consent for ECT from Patient A, given Patient A's state of health at the time, and Dr. Singh's demeanor in Patient A's presence. They accused Dr. Singh of acting in an unprofessional manner by pressuring Patient A to follow Dr. Singh's directions.

10. In November 2016, Patient A had been off work for some time and was not well and went to the PCH Emergency Department with complaints of lack of sleep and exhaustion with excessive thinking and distress about medical complaints post urological surgery. Patient A had been taking Clonazepam. Dr. Singh was on call for psychiatry and started Patient A on a course of Remeron with a plan to wean off the Clonazepam.

11. After the initial psychiatry consult through the emergency department in November 2016, Patient A was discharged home and followed by Dr. Singh through office visits. His mental health did not improve and he continued to suffer somatic rumination which impaired his function.

12. Patient A saw Dr. Singh on December 5, 2016, and was prescribed Nozinan, to begin on December 6th, 2016 which was the day Patient A was scheduled for urinary surgery at the Queen Elizabeth Hospital.

13. On January 18, 2017, Dr. Singh diagnosed Patient A as suffering from delusional disorder NOS, obsessive-compulsive disorder and mood disorder. He noted that Patient A had ECT (electroconvulsive therapy) in the past and might have to be admitted for ECT treatment if Patient A failed to change his lifestyle – he had been social but had become isolated by the time of Dr. Singh's diagnoses.

14. Patient A's condition deteriorated and on January 26, 2017, Patient A called Dr. Singh's office and asked to be voluntarily admitted to the inpatient mental health unit at PCH.

15. Patient A was hospitalized at the Prince County Hospital on a voluntary basis from January 26, 2017 until March 13, 2017 for mental health disorders. Patient A was followed by Dr. Singh for his mental health until he attended the Emergency Department of the PCH in June 2017 and was seen by another psychiatrist.

16. Patient A's spouse was opposed to trying ECT again and Patient A also had reservations, but Patient A eventually consented. The information about ECT gathered during the course of the investigation is conflicting.

17. The following is a description of events at the PCH during Patient A's voluntary hospitalization from January 26, 2017 and March 13, 2017. Dr. Singh did not check earlier hospital records nor consult with colleagues during this hospitalization.

    (a) On January 27, 2017 Dr. Singh admitted Patient A with complaints of anxiety, obsessing about his health and racing thoughts. Dr. Singh diagnosed a mood disorder with delusional features and obsessive-compulsive disorder. His treatment plan was to continue medications, (Nozinan and Mirtazapine) to

encourage Patient A to keep a journal, to exercise and gain control over his treatment and tolerate anxiety. Dr. Singh wrote he might consider ECT as Patient A had that in the past for mood problems.

(b) On February 2, 2017 Dr. Singh noted that Patient A reported feeling worse than before. Dr. Singh records that he spoke to Patient A's spouse about medication changes and reassured her that he had not discussed ECT with Patient A. Dr. Singh's diagnoses were psychosis NOS, personality disorder NOS and obsessive-compulsive disorder. His plan was to educate and challenge Patient A to focus on the treatment plan and to not blame others or provide negative feedback to his family. Patient A's spouse and family were told not to discuss health with Patient A as they were enabling his obsessive thoughts. Dr. Singh wrote that Patient A was to decide whether he preferred to be treated by himself or a different physician.

(c) Patient A's mental health initially did not improve with Dr Singh's treatment, including medication changes.

(d) On February 5, 2017 Dr. Singh's chart indicates that Patient A was lying in his bed inactive and wishing for palliative care, no longer wanted to help himself and had refused medication and food that morning. Dr. Singh noted he informed Patient A that he was not reasoning things out and hence the need for ECT. Patient A indicated he had a poor result from ECT in the 1980's. Dr. Singh charted that he discussed ECT because supportive guidance counselling and education was not working and Patient A was not responding to medication. He wrote that Patient A was to speak to his spouse about the ECT and he had ordered the removal of things from Patient A's hospital room because he was not using them effectively and that staff were to closely monitor Patient A to establish routine.

(e) On February 5, 2017 nursing care noted that Patient A was very different. His affect was flat. He was lying in bed and he was getting very little sleep.

(f) On February 6, 2017 in a chart note by Dr. Singh, he wrote that Patient A had been visited by his sister and that Patient A discussed his ECT concerns with her. He wrote that the nursing supervisor and some staff had concerns about his treatment of Patient A. He wrote that the plan was to sit down with Patient A and his spouse to discuss treatment plans including ECT. He wrote that it was important to consider ECT because Patient A was not able to reason, was not responding to medication, not following his treatment plan, and given the depth of his mood problem. Dr. Singh did not reach out to a colleague to discuss other options.

(g) At times, Dr. Singh told Patient A that he was not following medical advice, and limited Patient A's spouse from seeing him.

(h) On February 8, 2017 Dr. Singh wrote that he had met with Patient A and Patient A's spouse, who had just returned from a short trip to Nova Scotia, to explain that ECT was being considered given Patient A's lack of ability to respond to directions and medications and not making progress. Dr. Singh wrote that later when he saw Patient A in the hospital unit Patient A agreed to ECT after discussion with Patient A's spouse. The RN present at the February 8, 2017 meeting wrote that Patient A expressed anger toward Dr. Singh and Patient A's spouse. She wrote that following the meeting Patient A and his spouse decided to go with ECT and that

Patient A's spouse felt Patient A had made an informed decision. It is noted by another nurse on the same date that Patient A's spouse was not in agreement with ECT and the nurse wrote that Patient A was unsure what to do.

(i) On February 8, 2017 an LPN wrote that Patient A's spouse was at the hospital for a family meeting and that in the end it was left to Patient A and his spouse to decide whether to proceed with ECT. The LPN wrote that Patient A's spouse was not in agreement but she was willing to let Patient A decide. The LPN wrote that not long after his spouse had left Patient A was having second thoughts.

(j) On February 11, 2017, another physician at the PCH noted that Patient A was unhappy about cancellation of his ECT. On that same date, Dr. Singh noted that Patient A was looking forward to better outcome from ECT.

(k) On February 12, 2017 consent for ECT was signed by Patient A and Dr. Singh. Dr. Singh noted that Patient A had a hard time settling and had to be reassured that he could sign the consent and that Patient A agreed but was indecisive. He wrote that he reassured Patient A's spouse that ECT was the right treatment because Patient A had been in the hospital for several weeks while they tried counselling, a routine and medications.

(l) Under Dr. Singh's care, Patient A received ECT on February 12, 15, 17, 21, 23, 27, March 1, 6, and 8, 2017. Records during that time include report of short-term memory impairment, which is a known risk or side effect of ECT. On March 9, 2017, records indicate Patient A's spouse called the PCH reporting that Patient A was "quite confused, speech disorganized and nonsensical" while out on a pass, subsequent to which Patient A was returned to the PCH. Dr. Singh was contacted. Dr. Singh attended at the PCH but did not assess Patient A until after Patient A was assessed by another physician at the PCH to rule out possible medical cause(s), with that physician documenting an episode of confusion with no apparent medical etiology. Following that medical assessment, Dr. Singh met with Patient A and Patient A's spouse to discuss the episode of confusion on the same day. The confusion occurred one day post-ECT and Patient A remained in hospital to be monitored overnight. The episode of confusion had resolved prior to physician assessment, and the following day Patient A was doing well and left hospital on pass for the weekend.

(m) After February 12, 2017, records indicate clinical improvement in Patient A's mental health, that Patient A's first overnight pass on February 14, 2017 was reported to have gone well as were several subsequent passes prior to discharge on March 13, 2017, with the exception of the return to PCH for temporary confusion as noted on March 9, 2017.

(n) On March 13, 2017, Patient A returned to the PCH following a weekend pass and was assessed by Dr. Singh. Records note that Patient A was not ruminating about health, that Dr. Singh indicated no further ECT was required at that point, that Patient A was being discharged from hospital and that medication adjustments and potential return to work were to be discussed in future follow-up with Dr. Singh.

(o) During Patient A's stay in hospital, Patient A and Patient A's spouse felt that Patient A's condition was worse than it had been prior to hospitalization, and Patient A felt that he had been treated improperly and unprofessionally by Dr. Singh.

18. Following discharge, Patient A was seen by Dr. Singh for office visits on March 29, April 26, and May 10, 2017, with records including reference to Patient A being medically cleared for return to work April 26, two specific dates for an easeback return to work which did not take place, returning to obsessive thinking about medical issues but doing well when kept busy, stress, anxiety and marital issues.

19. Patient A's last patient interaction with Dr. Singh was on June 9, 2017 at the request of a physician in the emergency department of the PCH where Patient A had presented with anxiety, depression and thoughts of not wanting to continue. Records refer to somatic rumination, no active suicidal/homicidal ideation, Patient A's medication being adequate and not reporting side effects, that Dr. Singh encouraged Patient A to continue with transition back to work and indicated that Dr. Singh would not continue to follow Patient A if Patient A was not following treatment recommendations.

20. Patient A's sister was present on June 9, 2017 and reported to the College that Dr. Singh was unprofessional and disrespectful to Patient A. Dr. Singh acknowledges being firm with Patient A to encourage continuing return to function.

21. On June 20, 2017, Patient A returned to the emergency department of the PCH reporting depression, anxiety, poor sleep and temporary spousal separation the day before. Patient A was seen by another psychiatrist, Dr. Chris Stewart, who took over psychiatric care of Patient A, noting that day that both Patient A and Patient A's sibling described a negative transference with Dr. Singh. That same psychiatrist had seen Patient A in the past, in 2000.

22. Dr. Stewart stopped the Nozinan and Dr. Stewart reported that Patient A brightened up almost immediately. Dr. Stewart also prescribed Zaprexa, which helped Patient A sleep better. This hospitalization ended after 10 days.

23. On September 11, 2018, Patient A and Patient A's spouse filed letters of complaint (the "Complaint") with the College.

24. The Complaint was referred to the Complaints and Registration Committee of the College of Physicians and Surgeons of Prince Edward Island (the "Committee") for investigation.

25. Input from an expert, a psychiatrist contacted by the Committee, was critical of the care provided by Dr. Singh and Dr. Singh's interactions in relation to his treatment of Patient A. Concerns raised by that expert included the dose of specific medications, choice and use of ECT, and whether appropriate consent was obtained for ECT. The expert opinion stated that Dr. Singh's treatment and behaviour toward Patient A is not to be considered medically reasonable in the circumstances of this case and is not consistent with generally accepted professional standards and procedures in the practice of medicine (psychiatry).

26. Dr. Singh provided the Committee with independent opinion from an expert psychiatrist who provided the opinion that the use of ECT for Patient A was clinically appropriate and well within the standard of care, with ECT being the single most effective treatment for severe depression with psychotic features. The expert opinion also stated that the medications prescribed were within standard of care and that there are reasons from the

records to infer that Dr. Singh had discussions with Patient A and his spouse and informed consent for ECT was obtained, although not documented to the standard of the tertiary care centre with the largest and most academic ECT service in Canada where that expert works.

27. Dr. Singh accepts responsibility for his conduct in the care and treatment of Patient A and acknowledges and agrees that he committed professional misconduct contrary to Regulation XI.1 of the Medical Act, which was in effect at the time, in the following ways:

(a) by failing to maintain accepted professional standards and procedures in the practice of medicine by failing at times to provide for appropriate care of Patient A, including physical comfort and psychological support [allegation A(iii), Revised Notice of Hearing];

(b) by failing at times to make every reasonable effort to communicate with Patient A in such a way that information exchanged was understood [allegation A(v), Revised Notice of Hearing];

(c) by providing a professional medical service without the consent of the patient where consent was required by law by failing to record proper and informed consent from Patient A and Patient A's spouse prior to conducting electro convulsive therapy (ECT) on Patient A [Allegation E(i), modified, Revised Notice of Hearing]; and

(d) by engaging in conduct relevant to the practice of medicine that, having regard to the circumstances, would reasonably be regarded by medical practitioners as unprofessional, by failing to adhere to the fundamental principles of professionalism, communication and collaboration in his interactions with Patient A during his stay at the Prince County Hospital in Summerside, Prince Edward Island [Allegation C(i), modified, Revised Notice of Hearing].

ALL OF WHICH IS RESPECTFULLY SUBMITTED THIS 17th DAY OF JANUARY, 2023.

DOUGLAS R. DRYSDALE, K.C.
Counsel for the College of Physicians and Surgeons of PEI

THOMAS P. LAUGHLIN, K.C.
Counsel for Dr. Arvind Singh

DR. ARVIND SINGH