

GP faces criminal prosecution and regulatory proceedings over inappropriate prescribing of anabolic steroids



Key messages from the case

Doctors need to take all reasonable steps to satisfy themselves that any medication they prescribe is in response to an identified therapeutic need. All states in Australia impose certain restrictions on prescribing drugs of dependence. Failing to comply with prescribing regulations for drugs of dependence, including real time monitoring requirements, may lead to criminal charges as well as professional conduct allegations.

Details of the decision

Dr X admitted to having prescribed testosterone (Primoteston) to a patient at a rate of four to six times the normal therapeutic dose range over a period of two years. In Victoria and in NSW, testosterone is classified as a drug of dependence due its potential for misuse and trafficking.

This prescribing was identified during health department monitoring and Dr X was charged with and pleaded guilty to offences under the relevant state poisons regulations.

The matter also had to be referred to the tribunal on the basis the conduct constituted professional misconduct.

Standard of care – identifying drug-seeking or drug-diverting behaviours

Dr X admitted to the prescribing, but said he had not known that testosterone was classified as a drug of dependence in his state and that he needed to confirm a therapeutic need before prescribing. He was aware that the patient had previously been prescribed testosterone by colleagues. He accepted he had not taken appropriate steps to check the patient's records and that had he done so, he may have identified a pattern of drug-seeking behaviours.

He agreed that he had multiple opportunities to identify the patient as drug-seeking or drug-diverting. He blamed inexperience with the drug for the fact that he had trusted the patient and missed warning signs that were obvious in hindsight.

Even given Dr X's relatively limited experience in practice, the tribunal considered that a specialist GP could be expected to be alert to risks associated with prescribing anabolic steroids.

The tribunal concluded, and Dr X accepted, that his ongoing prescribing of testosterone over a two-year period was a serious breach of the standards expected and constituted professional misconduct.

Outcome

The tribunal noted that the inappropriate prescribing had applied to only one patient and there had been no other concerns about Dr X's practice.

Delays at the Medical Board meant that more than five years had passed since the initial prescribing and the criminal prosecution.

Dr X demonstrated insight into his error. In the intervening period he had undertaken multiple training courses on prescribing drugs of dependence and made significant practice changes. He had commenced using real time prescription monitoring (SafeScript) to check patient's prescribing histories.

In all circumstances, the tribunal found there was little ongoing risk to the public.

Dr X was reprimanded.

Key lessons

Before prescribing drugs of dependence, satisfy yourself that the medication is appropriate to treat an identified therapeutic need.

Ensure that you understand the requirements for prescribing drugs of dependence - including any authorities required and any real time prescription monitoring obligations in your state or territory.

Make sure you are aware of signs that may indicate drug-seeking behaviours and the resources available in your state to help you identify and manage patients exhibiting these behaviours.

Consider clinical and practice management strategies that may help you manage patients with drug-seeking behaviours.

If you have any concerns, contact the professional telephone advice service in your state or territory and seek advice from an appropriate specialist.

References and further reading

Avant collection - Prescribing safely

Avant eLearning - Prescribing principles: Part one - general prescribing issues

Avant eLearning - Prescribing principles: Part two – opioids and other drugs of dependence

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