



Dr. Anjena GANDHAM

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## Council Decision

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|-----------------------------|------------------------------------------------|
| <b>Date Charge(s) Laid:</b> | June 16, 2018                                  |
| <b>Outcome Date:</b>        | September 14, 2018                             |
| <b>Hearing:</b>             | September 14, 2018                             |
| <b>Disposition:</b>         | Reprimand, Suspension,<br>Ethics Course, Costs |

- 1) Pursuant to Section 54(1)(e) of The Medical Professional Act, 1981, the Council hereby reprimands Dr. Gandham. The format of that reprimand will be determined by the Council;
- 2) Pursuant to Section 54(1)(b) of The Medical Profession Act, 1981, the Council hereby suspends Dr. Gandham for a period of one month, effective 1 January, 2019;
- 3) Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Gandham successfully complete an ethics course on professionalism to the satisfaction of the Registrar. Such course shall be completed at the first available date. The programs "Medical Ethics, Boundaries and Professionalism" by Case Western Reserve University, "Probe Program" by CPEP and "Medical Ethics and Professionalism" by Professional Boundaries Inc., are ethics programs acceptable to the Registrar.
- 4) Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, the Council directs Dr. Gandham to pay the costs of and incidental to the investigation and hearing in the amount of \$1,471.36. Such payment shall be made in full by January 1, 2019.
- 5) Pursuant to section 54(2) of The Medical Profession Act, 1981, if Dr. Gandham should fail to pay the costs as required by paragraph 4, Dr. Gandham's licence shall be suspended until the costs are paid in full.
- 6) The Council reserves to itself the right to reconsider and amend the time within which payment of costs must be made set out in paragraph 4 and the right to reconsider and amend the requirements of the retraining or education set out in paragraph 3. Such reconsideration shall only be done if requested by Dr. Gandham.



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REGISTRAR  
KAREN SHAW, M.D.

4 December, 2018

Dr. A. Gandham

[REDACTED]  
Saskatoon  
Saskatchewan  
[REDACTED]

Dear Dr. Gandham:

On 14 September, 2018 the Council of the College of Physicians and Surgeons of Saskatchewan accepted your admission of guilt to charges of misconduct. Following deliberation, penalty was determined. One component of that penalty was an official reprimand by the Council.

*You, Dr. Anjena Gandham, having been found guilty of professional misconduct while practising medicine in the province of Saskatchewan are hereby reprimanded by the Council of the College of Physicians and Surgeons of Saskatchewan.*

The Council has afforded careful consideration and deliberation to this matter. The Council recognizes that were it not for the misconduct of a colleague, you might not have found yourself in the current situation. Unfortunately, circumstances evolved as they have, and you have acted in a manner that has brought disrepute on yourself and your profession. The act of providing a prescription to a colleague for medication [REDACTED] demonstrates a critical lack of judgement regardless of any intent to help out a friend and colleague in a moment of perceived need. The very existence of [REDACTED] is based on the need to prevent exactly this form of misconduct. As physicians, we are stewards of the public's trust, and when we fail to adhere to our own guidelines on the medications we are entrusted with, we erode that public trust and place the recipients of inappropriate prescriptions at risk of very real harm. We trust this grave error in judgement will never be repeated.

Continued.....

*To serve the public by regulating the practice of medicine  
and guiding the profession to achieve the highest standards of care*

Of equal, or possibly greater concern to the Council were the flagrant and repeated episodes of dishonesty which you demonstrated throughout this unfortunate episode. When confronted with your initial mistake you proceeded to tell bold lies to [REDACTED] both by phone and then in writing. You have been found to be false to pharmacy professionals and eventually to the members of the Preliminary Inquiry Committee of the College. The Council has observed, on too many occasions, a physician who is accused of misconduct begin a spiral of falsehoods. You have witnessed firsthand, how it becomes progressively less likely to be able to keep up with the falsehoods which have led you to the position in which you find yourself.

The Council recognizes that you have ultimately admitted your misconducts, however your admission was offered far too late in the process.

It is the most fervent desire of Council to see physicians such as yourself take the steps necessary to right their course and thereby attempt to re-establish the confidence of your colleagues and more so the confidence of the public we are entrusted to serve. Reflect on this matter and ensure that you apply yourself to the improvement of character as you proceed toward independent practice.

Sincerely,

The Council of the College of Physicians and Surgeons of Saskatchewan

IN THE MATTER OF A SECTION 54 OF ***THE MEDICAL PROFESSION ACT, 1981***  
PENALTY HEARING FOR DR. ANJENA GANDHAM

Mr. Jon Danyliw appearing for Dr. Anjena Gandham

Mr. Chris Mason appearing  
for the College of Physicians and Surgeons of Saskatchewan

Information in these reasons has been redacted to protect the health information of a third party

**Reasons for Decision**

**Introduction and Background**

The Council of the College of Physicians and Surgeons of Saskatchewan, at its meeting of Saturday June 16<sup>th</sup> 2018 reviewed the report of the preliminary inquiry committee reviewing the alleged misconduct of Dr. Anjena Gandham. The first allegation of misconduct involved being untruthful to the Prescription Review Program (PRP) of the College in its investigation of a prescription of PRP medications provided to a colleague. The second allegation of misconduct involved lying to the CPSS Preliminary Inquiry Committee (PIC) tasked to investigate the first misconduct allegation. Based on the finding of the PIC and subsequent deliberation the Council laid the following charges.

The Council of the College of Physicians and Surgeons directs that, pursuant to section 47.5 of **The Medical Profession Act, 1981**, the Discipline Committee hear the following charges against Dr. Anjena Gandham, namely:

1. *You, Dr. Anjena Gandham, are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) of The Medical Profession Act, 1981 s.s. 1980-81 c. M-10.1.*

*The evidence that will be led in support of this charge will include some or all of the following:*

- a. *On or about 27 day of June, 2017 you spoke to Ms. Bareham, Manager, of the Prescription Review Program of the College ["PRP"].*
- b. *During the conversation with Ms. Bareham you confirmed that she saw [REDACTED] as a patient and that you wrote her a prescription for [REDACTED]*
- c. *After you were advised by Ms. Bareham that resident physicians are not permitted to write PRP medications you then stated that you did not write the impugned prescription.*

- d. *On or about the 21 day of July 2017, you sent an email message to the College in which you stated: "To Whom It May Concern, I was not involved with the prescription in question. Further, I have never been involved with writing any prescriptions for [REDACTED]"*
  - e. *That statement was false or misleading.*
  - f. *On or about the 25 day of September 2017 you sent an undated letter to the College in which you stated: "To be absolutely clear, I have not written prescriptions for [REDACTED] in the past and I did not write the prescription dated June 18, 2017 that was included in your letter. None of the writing on that prescription is mine and the signature is not mine."*
  - g. *That response was false or misleading.*
2. *You, Dr. Anjena Gandham, are guilty of unbecoming, improper, unprofessional, or discreditable conduct for knowingly giving false information to a preliminary inquiry committee contrary to the provisions of Section 46(o) and/or section 55.2 of The Medical Profession Act, 1981 s.s. 1980-81 c. M-10.1.*

*The evidence that will be led in support of this charge will include some or all of the following:*

- a. *You were interviewed by a preliminary inquiry committee on or about 19 day of March, 2018.*
- b. *During that interview you advised the preliminary inquiry committee that you attended a Shoppers Drug Mart pharmacy on or about the 27 day of June, 2017 and examined the prescription in the name of [REDACTED]*
- c. *During that interview you advised the preliminary inquiry committee that you did not sign the prescription.*
- d. *During that interview you advised the preliminary inquiry committee that you did not write anything on the prescription.*
- e. *During that interview you advised the preliminary inquiry committee that while the signature on the prescription looked like your signature, you could not provide an explanation why what appeared to be your signature appeared on the prescription.*
- f. *During that interview you advised the preliminary inquiry committee that you denied all involvement in issuing the impugned prescription that was the subject of the preliminary inquiry committee.*
- g. *You knowingly gave false information to the preliminary inquiry committee in connection with one or more statements in this charge.*

An admission of the charges was offered by Dr. Gandham shortly prior to the penalty hearing.

### **Penalty Decision**

At its meeting of September 2018, the Council heard oral arguments on behalf of Dr. Gandham and the Registrar's Office.

The Council of the College of Physicians and Surgeons imposed the following penalty on Dr. Anjena Gandham.

- 1. Pursuant to Section 54(1)(e) of The Medical Professional Act, 1981, the Council hereby reprimands Dr. Gandham. The format of that reprimand will be determined by the Council;*
- 2. Pursuant to Section 54(1)(b) of The Medical Profession Act, 1981, the Council hereby suspends Dr. Gandham for a period of one month, effective 1 January, 2019;*
- 3. Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Gandham successfully complete an ethics course on professionalism to the satisfaction of the Registrar. Such course shall be completed at the first available date. The programs "Medical Ethics, Boundaries and Professionalism" by Case Western Reserve University, "Probe Program" by CPEP and "Medical Ethics and Professionalism" by Professional Boundaries Inc., are ethics programs acceptable to the Registrar.*
- 4. Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, the Council directs Dr. Gandham to pay the costs of and incidental to the investigation and hearing in the amount of \$1,471.36. Such payment shall be made in full by January 1, 2019.*
- 5. Pursuant to section 54(2) of The Medical Profession Act, 1981, if Dr. Gandham should fail to pay the costs as required by paragraph 4, Dr. Gandham's licence shall be suspended until the costs are paid in full.*
- 6. The Council reserves to itself the right to reconsider and amend the time within which payment of costs must be made set out in paragraph 4 and the right to reconsider and amend the requirements of the retraining or education set out in paragraph 3. Such reconsideration shall only be done if requested by Dr. Gandham.*

### **Factors in Establishing Penalty**

The factors which are frequently considered when imposing an appropriate penalty are outlined in **Camgoz v. College of Physicians and Surgeons**, 1993 CanLII 8952 (SK.Q.B.).

- a) the nature and gravity of the proven allegations;
- b) the age of the offending physician;
- c) the age of the offended patient;
- d) evidence of the frequency of the commission of the particular acts of misconduct within particularly, and without generally, the Province;
- e) the presence or absence of mitigating circumstances, if any;
- f) specific deterrence;
- g) general deterrence;
- h) previous record, if any, for the same or similar misconduct,
- i) the length of time that has elapsed between the date of any previous misconduct and conviction thereon, and, the member's (properly considered) conduct since that time;
- j) ensuring that the penalty imposed will, as mandated by s. 69.1 of the Act, protect the public and ensure the safe and proper practice of medicine;
- k) the need to maintain the public's confidence in the integrity of the respondent's ability to properly supervise the professional conduct of its members;
- l) ensuring that the penalty imposed is not disparate with penalties previously imposed in this jurisdiction in particular, and in other jurisdictions in general, for the same or similar act of misconduct.

### **Information Considered by Council in Establishing Penalty**

- 1. Verbal arguments presented by Mr. Danyliw on behalf of Dr. Gandham.
- 2. Verbal arguments presented by Mr. Mason on behalf of the Registrar's Office.
- 3. Penalty Presentation document Info 196\_18.
- 4. PIC Report for [REDACTED] and Gandham contained in document Confid. 32\_18.

### **The Position of the Registrar's Office**

The Registrar's Office presented both written and verbal arguments for consideration. Based on these arguments the penalty sought included:

- 1. A reprimand;
- 2. A one month suspension from practice;
- 3. Successful completion of an ethics and professionalism course pre-approved by the Registrar;
- 4. Half the costs of and incidental to the investigation in the amount of \$1471.36.

Relevant facts presented included:

1. Dr. Gandham is a 30 year old physician, enrolled in a psychiatry residency program.
2. At the time Dr. Gandham signed the prescription relevant to the charges she was in her first year of residency at the University of Saskatchewan. At the time that she was interviewed by the Preliminary Inquiry Committee she was in her second year of residency.
3. Dr. Gandham had about 9 months from the time the prescription was written and the information provided to Ms. Bareham to consider what information she would provide to the Preliminary Inquiry Committee. Despite that she lied to the Preliminary Inquiry Committee.

Relevant case law presented included:

1. Merchant v. Law Society of Saskatchewan, 2014 SKCA 56
2. Peet v. Law Society of Saskatchewan, 2014 SKCA 109
3. Farbeh v. College of Pharmacists of British Columbia, 2015 BCSC 642

The aforementioned case law sought to demonstrate factors in imposing penalty may vary from person to person or in different jurisdictions. The act of misconduct may not be sufficient alone to guide penalty.

4. Dr. Mary Nagai who presented false information and documentation and subsequently lying to the College during the investigation of the matter.
5. Dr. Svitlana Cheshenchuk who altered patient records and provided inaccurate information to the College in the investigation of the matter.
6. Dr. Ira Price who misled a CPSO investigation.
7. Dr. John Paolone who altered medical records and submitted the altered records to his regulatory body.
8. Dr. Koshela Ranjith who recreated a patient record and destroyed the original.
9. Dr. Victor Fiorillo who provided an altered chart in defence of an allegation.

The Registrar's Office presented case law, written and verbal arguments demonstrating its perspective with respect to the perceived gravity of not telling the truth. The Registrar's Office considered the multiple episodes of lying to demonstrate a fundamental flaw in ethics that needs to be corrected by more severe penalty. In this case a one month suspension is suggested as a major component of penalty.



### **The Position of Dr. Gandham**

No written arguments were presented. Verbal presentations were heard. Based on these arguments, Counsel for Dr. Gandham suggested the penalty of:

1. A reprimand,
2. An ethics course,
3. Half the costs of and incidental to the investigation in the amount of \$1471.36.

Specific rebuttal to case law was presented only with respect to the Dr. Nagai. Counsel for Dr. Gandham argued that the conduct was considerably more egregious in the matter of Dr. Nagai as she specifically lied about qualifications obtained and then presented falsified documents to her regulatory authority in support of her false claims. Council did not find this argument compelling.

As an alternative to suspension, counsel for Dr. Gandham suggested that she would be willing to be subject to a fine equivalent to one month's salary. This would have the same financial impact as a suspension of approximately \$4100. This fine, in place of a suspension, would be less punitive to Dr. Gandham's fellow residents who will inevitably be responsible to cover call shifts and daytime clinical work that would otherwise have been completed by Dr. Gandham. A request was also made to delay a possible suspension until December 2018 as an immediate suspension would necessitate a rewriting of the affected call schedules on short notice.

Dr. Gandham gave a brief prepared statement in which she expressed her shame and regret for the incidents in question. She stated that she has significant respect for the College. In light of the repeated lies to the College during investigation of this matter, her assertions were given little weight.

### **Reasons for the Penalty Decision**

The Council agreed with the penalty recommended by the Registrar's Office, as presented. The Council recognized that Dr. Gandham was a junior resident who was placed in an unfortunate situation by her colleague by way of a request for a PRP prescription, however, that does not excuse her subsequent decision to provide [REDACTED] the prescription in question.

The Council confirmed via Dr. P. Smith that Dr. Gandham had appropriate access to policy information regarding the delivery of care or prescriptions to friends and colleagues. Dr. Gandham also has access to all pertinent information regarding the oversight of PRP medications.

There was considerable discussion given to the merits of suspension over fine. It was widely agreed that a suspension will inevitably have a negative impact on one's colleagues as they are required to step up and cover for the suspended physician. This is an argument which accompanies every suspension, and while valid, cannot be considered when considering if a suspension should be a component of penalty. Council did however consider the date of suspension in order to mitigate the negative effect on Dr. Gandham's colleagues. It was felt that a suspension during December would be an undue hardship to her colleagues and that the suspension should be served in the New Year.

The Council deliberated on the negative implications of a suspension on a practicing physician as opposed to the implication to a physician in training. There is permanence to the reporting of suspension in either case. Dr. Gandham's misconduct was felt to be sufficiently egregious to justify the long term ramifications that suspension might have on her future career including obtaining fellowship or practice opportunities.

The Council did not accept Dr. Gandham's perspective that suspension would academically disadvantage her. A suspension would in no way hinder Dr. Gandham from attending didactic lectures. Similarly, Dr. Gandham would be able to observe patient encounters at scheduled academic rounds, although she would not be able to personally participate in the actual delivery of care or patient interactions.

Dr. Gandham's initial decision to offer a colleague PRP medications demonstrated a significant lack of judgement. A greater concern to the Council was the demonstrated ease with which Dr. Gandham offered false information to the PRP and subsequently the PIC. These repeated lies were a significant exacerbating factor in the establishment of penalty. At any number of steps in this process, Dr. Gandham could have put a stop to her deceptive behavior. She deliberately chose not to do so even with ample time to consider her situation and the potential consequences of her decision.

The Council was unable to consider Dr. Gandham's early stage of training to be a significant mitigating factor with respect to her lack of truthfulness. Regardless of her role as a resident physician, there is no approach to ethical behavior in any walk of life, in which lying is considered acceptable, ethical behavior.

The Council felt that significant penalty was indicated to enable adequate specific and general deterrence. The penalty recommended by the Registrar's Office was accepted as appropriate.