

# Expert Reviewer's Report

Expert File Review RE: Dr. Thomas Harold Tvedten, M.D. and care of minor patient T.S.

The board has asked for review of Dr. Tvedten and his issue of a medical marijuana physician written certification for a minor, age 12, after receiving complaint from two child and adolescent psychiatrists who claim this is a violation of the Medical Practice Act.

In order to meet criteria for a medical marijuana certification, a patient must meet criteria for specific diagnoses of which THREE may be considered to fall under the category of psychiatric in nature—PTSD, Tourette’s syndrome, and Alzheimer’s disease. Of these three diagnosis, Dr. Tvedten is claiming to have made a diagnosis of \_\_\_\_\_ for the minor, T.S., on the date February 25, 2020. He is basing this diagnosis on a SCREENING tool for PTSD, which is also a self-administered tool meant for adults. It is not intended for use in child and adolescent populations, and if Dr. Tvedten worked in the area of psychiatry, it is likely he would have realized this. Screening tools are meant to be used along with a diagnostic evaluation performed by a clinician. They are not to replace a psychiatric evaluation. The claim by patient and her step mother is that the patient is traumatized by abuse that occurred at the hands of her biological mother 6 years ago. It is worth noting that on review of the medical records, the patient’s family reports that the patient has not had any significant interaction of any kind with biological mother since the age of 4 when she went into custody with father, step mother, and siblings. The family also consistently denies any history of abuse of any kind. The patient was 12 at the time of evaluation which would have put her at age of 6 for the reported abuse. These are inconsistent facts that could have potentially been uncovered during a true psychiatric diagnostic evaluation.

It is also clearly stated that the department shall not issue a registry card to anyone under 18 unless physician issuing certificate has explained risks and benefits to guardian and the guardian consents IN WRITING to allowing the minor to use it, assisting the minor, and controlling the acquisition and dosing of the marijuana.

On review of Dr. Tvedten’s records, it does not appear that this last requirement was met. There is no WRITTEN documentation of the guardian agreeing to assist the minor in use of cannabis product, and agreeing to control the acquisition and dosing of the cannabis product. The absence of this documentation would put him in violation of certification criteria for a minor. He does mention this as though a conversation occurred verbally in his response to the complaint, but again, it is not documented in his medical records.

With regards to determining whether or not Dr. Tvedten violated the Medical Practice Act by acting in gross negligence, I would concur with doctors Hogan’s and Thomas’ concern that this certification for marijuana use in a 12-year-old child is a significant deviation from the standard of care in the field of child and adolescent psychiatry. Dr. Tvedten’s claim that millions of Americans use marijuana products on a daily basis may in fact be true, however, the current population of children and adolescents with severe mental illnesses are considered to be at *significant* risk of worsening symptoms with exposure to marijuana/cannabis. This is in no way a political or opinion driven comment, but rather, based entirely on sound data in the field

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of psychiatry. The psychiatrists reference a specific peer reviewed and published study in their complaints that supports this, though there are hundreds of similar ones available for review if so inclined.

In addition, it needs to be pointed out that Dr. Tvedten notes on average spending 20 minutes with patients who are seeking approval for medical marijuana certification and his visit with T.S. and her mom (which is actually her step mother) was "somewhat longer". I spent nearly 3 hours reviewing the multiple medical records of the patient for this file review. To consider that he spent maybe 20-30 minutes reviewing medical records (which also show NO history or suggestion of diagnosis or appears cursory and inadequate. In day to day practice I can also report that an initial psychiatric evaluation performed in an outpatient setting generally takes anywhere from 45-60 minutes by professionals trained in this specific area of medicine.

Sometimes during the practice of medicine, it may occur for a physician to try something that is not completely "mainstream", however, these are rarities and certainly are not taken lightly, often consulting other physicians in that area of specialty. If Dr. Tvedten had in fact communicated with any of the psychiatrists who have previously taken care of this patient, he may have been able to more fully appreciate the complexity and difficulty in treating this chronically suicidal and homicidal child. His assumption that multiple child and adolescent psychiatrists had somehow misdiagnosed and inappropriately treated a vulnerable child is off mark and short sighted. In addition to his desire to try something "out of the box" given her lack of reported responses to other interventions, Dr. Tvedten made no mention as to any kind of follow up with the patient, outside of potentially recertifying her in another 12 months. This would be an egregious level of negligence for a psychiatrist to prescribe a controlled substance that significantly alters brain neurotransmitters without some kind of timely follow-up. (think 2-6 weeks, not 12 months.)

He also makes reference that trileptal is an anticonvulsant and marijuana has been shown to be effective in managing pediatric seizure disorders. The child has no diagnosis of a seizure disorder (by him or a neurologist) and exposes his lack of psychopharmacology knowledge given its use in psychiatry as a mood stabilizer—not as an anticonvulsant.

His claim that he does not prescribe the marijuana makes little difference in his role in this child's use of cannabis products. He knows the step-mother uses marijuana and wants the patient to use it as well. His certification letter is an absolute endorsement for his approval for the child to use cannabis products.

In closing, it is with absolute certainty that I can say Dr. Tvedten has acted in a grossly negligent manner in attempting to care for this young child by making a diagnosis or per his own words, a doctor with a "primary medical practice as an abortion provider" and medical marijuana certifier. Neither of these areas of medicine focus on the diagnosis and management of child and adolescent psychiatric disorders.

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Sincerely,

A handwritten signature in black ink, appearing to read 'Kristi Kindrick'. The signature is fluid and cursive, with a large loop at the end.

Kristi Kindrick, M.D.  
Board Certified Psychiatrist  
Fort Smith, AR

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