

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. David Lieude Lam
(CPSO #84536)
(the Respondent)**

INTRODUCTION

The Respondent (Family Medicine) assessed the 86-year-old Patient when the Patient attended the emergency department (ED) by ambulance with pain and a new inability to ambulate. The Respondent prescribed antibiotics and pain medication and discharged the Patient home to follow up with the Patient's orthopedic surgeon (who had been managing the Patient's chronically infected foot ulcer). The Patient went to another hospital that evening and was admitted for treatment of cellulitis and was diagnosed with a left ankle fracture that required surgical repair.

The Complainant (a family member of the Patient) contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- **discharged the Patient from the ED even though the Patient was in excruciating pain and could not weight bear on her foot, and the Patient lives alone and was unable to toilet on their own, transfer to a bed, or walk;**
- **when asked by the family to admit the Patient, stated he was not running "a babysitting service" and that the beds were reserved for sick people, and he suggested the family put a mattress on the floor and let the Patient sleep on that; and**
- **put the Patient at risk for a more serious injury.**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of April 19, 2021. The Committee required the Respondent to appear before the Committee to be cautioned with respect to the necessity of performing a complete examination in an elderly patient with sudden immobility, including consideration of when to obtain x-rays; and poor communication

The Committee also accepted an undertaking from the Respondent.

COMMITTEE'S ANALYSIS

*Discharged the Patient from the ED even though she was in excruciating pain
-and-
Put the Patient at risk for even more serious injury*

The Committee was concerned with the quality and adequacy of the Respondent's assessment of the Patient, particularly given he had undergone previous training in orthopedics. His assessment of the Patient was incomplete and cursory in nature. He failed to recognize the seriousness of the Patient's presentation, and to properly consider the differential diagnoses. A history of sudden onset of severe pain and loss of ability to weight bear in any patient are obvious red flags and warranted further investigation. There were a number of reasons to order an x-ray in these circumstances, including to rule out osteomyelitis.

In failing to make the correct, complete diagnosis in this case, and by choosing to discharge the Patient home, where the Patient lived alone, the Respondent placed the Patient at increased risk of further injury.

Told the Complainant that he was not running a "babysitting service" and that beds were reserved for sick people

The Respondent acknowledged that he did say something to the effect of the hospital not being a babysitting service, and that he gave the Complainant suggestions for how she could accommodate the Patient at home. He expressed regret for his word choice and recognized that his communication could have been better in this case. The Committee recognized that it is challenging for physicians to balance bed restrictions at hospitals against patient safety and needs. However, the Respondent demonstrated sub-standard communication, and a notable lack of compassion in the manner in which he communicated with the Patient's family members.

In reviewing this aspect of the complaint, the Committee took note of the fact that the Respondent was the subject of a previous complaint which raised an issue regarding his communication with the members of a patient's family. While no action was taken in regard to the communication issue in the previous matter, the Committee noted that the statements described in the earlier case were quite similar to the communication at issue in this case.

The Committee determined that it was appropriate to caution the Respondent as set out above, and to accept an undertaking from the Respondent, which would include a period of clinical supervision, education in communications and the assessment and management of ankle and leg pain, and a reassessment by an assessor selected by the College.