SUMMARY

DR. ANDRZEJ TOMASZ WOJCICKI (CPSO #64521)

1. Disposition

On September 7, 2016, the Inquiries, Complaints and Reports Committee ("the Committee") required Dr. Wojcicki, an internal medicine specialist, to appear before a panel of the Committee to be cautioned with respect to:

- Appropriate follow-up of test results;
- Communication with other care providers within the circle of care;
- Ensuring that any physician to whom he defers follow-up care is receiving reports and following up with the patient;
- Obtaining consent for giving testosterone to a patient with elevated PSA (prostate specific antigen) and underlying heart disease; and
- Choosing tests appropriately.

2. Introduction

A patient complained to the College that Dr. Wojcicki failed to provided adequate care to him between 2011 and 2013 in that:

- Dr. Wojcicki did not follow up on the results of tests he ordered, including results that showed the patient had had a prior heart attack
- Dr. Wojcicki prescribed testosterone to the patient despite the fact that tests showed the patient had normal testosterone levels and an elevated PSA level.

The patient indicated that Dr. Wojcicki' s failure to follow his coronary heart disease and his reckless prescribing of testosterone led to his developing prostate cancer and requiring triple bypass surgery.

Dr. Wojcicki responded that testing revealed that the patient was deficient in testosterone so he prescribed low-dose testosterone to him. He indicated that he felt the patient's elevated PSA level might have been a temporary increase, and he directed the patient to contact his family physician for further investigation of his PSA level.

Dr. Wojcicki stated that the testing did reveal evidence of a previous silent myocardial infarction, but the patient was asymptomatic and had no history of chest pain or exertional chest pain, so he did not order further testing. He told the patient to discuss the test results with his family physician.

3. Committee Process

A panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The College placed terms, conditions and limitations on Dr. Wojcicki's certificate of registration effective December 12, 2014, that included his ceasing to engage in the practice of complementary and alternative medicine (CAM).

In the present case, the Committee was concerned by Dr. Wojcicki's failure to diagnose or treat the illnesses identified by the testing he ordered for the patient, illnesses that are the purview of an internist. It seems he was still emphasizing CAM in his practice at that time and expected other practitioners to conduct other investigations and monitoring.

Upon initial physical examination, Dr. Wojcicki noted that the patient was obese and had clubbed fingers that are a sign of fairly advanced chronic obstructive pulmonary disease (COPD). He documented his plan to investigate the patient through a nuclear stress test and an exercise stress test, but he did not order these tests. Instead, Dr. Wojcicki wrote that he would

reverse the patient's atherosclerotic disease with chelation therapy and the use of vitamins and additives.

Despite knowing that the patient's PSA was slightly elevated, Dr. Wojcicki started him on testosterone. There is ongoing controversy about the possible connection between testosterone replacement therapy and prostate cancer, as well as the connection to an increased risk of heart attack. While there is no clear evidence to prove there is a link, patients who are started on testosterone replacement therapy require close monitoring for prostate cancer and cardiovascular risk. Physicians should also inform patients of the risks of this treatment, which remain the subject of controversy.

Though Dr. Wojcicki is an internal medicine specialist, he did not address the patient's abnormal results from tests that he himself ordered. Once Dr. Wojcicki was aware of the patient's elevated PSA level, which could have indicated cancer of the prostate, further investigation and close monitoring was warranted. Instead, Dr. Wojcicki did not investigate the patient's PSA level because he assumed it was high due to the patient's having had sexual intercourse the night before the blood test.

Similarly, Dr. Wojcicki was aware of the patient's cardiac risk factors but did not monitor them. He continued to prescribe testosterone replacement therapy to the patient while deferring much of the responsibility for monitoring to other physicians.

Though Dr. Wojcicki indicated he advised the patient to follow up with his family physician, it is apparent that he was not sending reports or test results to the patient's family physician. In fact, the patient's family physician indicated that the patient was not in his practice between September 2006 and May 2013, so it seems that the patient was not receiving any treatment or monitoring for his cardiac or prostate issues and that Dr. Wojcicki was unaware of this.

In light of the above, the Committee required Dr. Wojcicki to attend at the College to be cautioned with respect to the above-mentioned aspects of his care.

The Committee did not decide to require Dr. Wojcicki to complete a Specified Continuing Education or Remediation Plan (SCERP) to address the deficiencies in his medical care of the patient as, by order of the Discipline Committee of the College, effective February 22, 2016, Dr.

Wojcicki was required to undergo clinical supervision of his office practice for a period of six months. The Committee was of the view that the supervision would address the care issues identified in this matter.