

SUMMARY

DR. NADIM HAIDAR (CPSO #94738)

1. Disposition

On August 17, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required urologist Dr. Haidar to appear before a panel of the Committee to be cautioned with respect to failure to attend the patient as the surgeon of record.

2. Introduction

A family member of the patient complained to the College that, during a cystoscopy on her late husband, Dr. Haidar performed a circumcision correction without her husband's consent. The family member also expressed concern that her husband did not stop his anticoagulants before this unscheduled procedure and this resulted in post-operative bleeding and his ultimate death.

Dr. Haidar indicated that the patient required the revision/partial circumcision on an urgent basis. He maintained that it is the standard of treatment to do minor procedures without reversal of direct oral anti-coagulant (DOAC) drugs and that the patient's verbal consent for the procedure was adequate.

Dr. Haidar indicated that he received a telephone call from an emergency physician in the hours after surgery, informing him that the patient had presented to the emergency department (ED) with bleeding from the incision site. As the emergency physician stated that the patient was clinically stable with normal laboratory results, it was his opinion that the ED staff should attempt compressive dressings before proceeding with a urology assessment.

3. Committee Process

A Surgical 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.cpsa.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

In the Committee's view, Dr. Haidar's description of the patient's discomfort from urinary obstruction appeared to support the urgency of the revision circumcision. The Committee was inclined to agree that it would be appropriate to proceed with a revision circumcision based on verbal consent from the patient, but it was somewhat concerning to the Committee that there was such a lengthy delay between the consultation appointment and the date of the procedure. The long delay from consultation to surgery may be typical for benign urological problems, but it is apparent from the record that the acute retention Dr. Haidar found at the time of the procedure was not something he had previously recognized. The consent discussion had occurred almost 11 months earlier, meaning that it was not particularly pertinent to what was almost a new situation.

If Dr. Haidar had conducted a history and physical examination prior to starting the procedure, he might have decided to proceed differently (including considering admission to the hospital) in light of the patient's cardiac status.

It was not ideal for Dr. Haidar to discharge the patient after the procedure given his medical history and the possibility of bleeding due to the Eliquis prescription. Dr. Haidar's decision not to admit and monitor the patient proved to be unfortunate as the patient returned to the ED with bleeding.

The ER record referred to ongoing “surgical” bleeding throughout the night. The notes from the emergency physician clearly indicated that he asked Dr. Haidar to see the patient, but it appears that Dr. Haidar refused to attend because he was no longer on call. The Committee considered it inappropriate that Dr. Haidar declined to attend when he was aware that there was no covering physician and the patient was experiencing ongoing bleeding shortly after surgery he had performed.

In the Committee’s view, the problem in this case was not so much the urology care but the overall continuity of care and the failure to address post-operative bleeding in an aggressive manner. It appeared to the Committee that Dr. Haidar’s decision not to attend to the patient, whom he had just operated on and who had returned to the ED with significant bleeding, was based on a failure to recognize the gravity of the patient’s status. Given the concerns with Dr. Haidar’s care in this regard, the Committee decided that a verbal caution was warranted.