SUMMARY

DR. BASHIR AHMED (CPSO# 64062)

1.   Disposition

On May 22, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required General Practitioner Dr. Ahmed to appear before a panel of the Committee to be cautioned to complete an appropriate physical examination and order appropriate investigations when a patient presents with rectal bleeding, regardless of whether a patient is rostered or seen on a walk-in basis, and to ensure his records are legible and complete. The Committee also directed Dr. Ahmed to review and provide a written report on the relevant standards of practice with regard to the examination and investigation of rectal bleeding.

2.   Introduction

The patient complained to the College that he had attended Dr. Ahmed for about 20 years, and that Dr. Ahmed was his only family doctor. When he attended with rectal bleeding on three occasions over a one-month period, Dr. Ahmed focused his treatment on hemorrhoids, and did not conduct a thorough assessment or order additional testing. The patient was diagnosed with colon cancer about a month later after attending a hospital emergency room.

Dr. Ahmed responded that his examinations of the patient showed no obvious abnormalities. Since the patient was not rostered, and only attended on a walk-in basis for medication renewals and acute medical issues, he did not conduct annual examinations or order screening tests.

3.   Committee Process

A General 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

Given this patient's presenting symptom of rectal bleeding, in the Committee's view, Dr. Ahmed should have conducted a digital rectal examination and ordered additional investigations. This was a significant miss. As pointed out in the record, the tumour was close to the anal verge, and would have been identified had Dr. Ahmed conducted a digital rectal examination. Dr. Ahmed should have also ordered blood work to check the patient's hemoglobin levels, and referred him for a colonoscopy. The Committee also noted that there was nothing in the record to indicate Dr. Ahmed made inquiries about the patient's related symptoms, such as changes in bowel habit, or that he elicited other symptoms which this patient was apparently experiencing, including pain and weight loss.

The Committee found that Dr. Ahmed should have taken a complete history, done an appropriate examination (including a digital rectal examination), and ordered appropriate investigations (including hemoglobin levels, imaging, and a referral for an urgent colonoscopy), whether or not the patient was seen on a walk-in basis or was rostered.

The Committee was also concerned with Dr. Ahmed's records, which were illegible and overly brief. As indicated in the College's policy, *Medical Records*, thorough and legible notes are a crucial component of good medical care, and are an important measure of the quality of care received by a patient. A physician's notes are meant to reflect the interaction between a physician and a patient, and chronicle a physician's management of a patient's care. They should include important discussions such as explanations of treatment options offered, together with notations relating to any discussions which were had about the relative benefits and risks of proposed interventions.

The Committee concluded that it was appropriate to caution Dr. Ahmed in person to ensure he recognizes what examinations and investigations should be conducted when a patient presents with rectal bleeding, as well as the importance of complete and legible records.