

SUMMARY

DR. SHANTHI THAMILVAANAN (CPSO# 97508)

1. Disposition

On November 7, 2019, the Inquiries, Complaints and Reports Committee (the Committee) required family physician Dr. Thamilvaanan to appear before a panel of the Committee to be cautioned with respect to her clinical management of the patient. The Committee requested that Dr. Thamilvaanan provide the Committee with a written report on the clinical assessment, diagnosis and treatment of acute respiratory illness in adults, and the indication for the use of bronchodilators and steroids. The Committee also directed staff to negotiate an undertaking with Dr. Thamilvaanan with respect to her medical record-keeping.

2. Introduction

A patient complained to the College about Dr. Thamilvaanan's care after she attended a walk-in clinic with breathing problems. Specifically, the patient was concerned that Dr. Thamilvaanan spent only a very short time examining her, diagnosed her medical issue incorrectly, and prescribed a number of medications (including antibiotics and steroids) which made her symptoms worse, and which she was told (during a visit to the emergency department the next day) were incorrectly prescribed (at a cost to her of \$200).

Dr. Thamilvaanan described her assessment of the patient and explained her management decisions, and maintained that she properly diagnosed the patient and prescribed appropriate medications.

3. Committee Process

A Family Practice 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 Committee noted that despite the fact that Dr. Thamilvaanan indicated that the patient was quite ill, her documentation in the chart was brief and inadequate. Specifically, the notes fail to include a thorough history, a full physical examination with appropriate positive and negative findings, the specifics of the treatment prescribed and the discussion with the patient about the medications prescribed (including a review of their risks and benefits and how to use the medications appropriately), as well as the instructions provided to the patient about follow-up care. Furthermore, the note only references the diagnosis of an URTI (upper respiratory tract infection), with no mention of the possibility of bacterial bronchitis or obstructive breathing requiring steroids or other treatment.

In addition to having concerns about the very poor record, the Committee expressed concern about Dr. Thamilvaanan's "shot-gun" approach to managing the patient's condition. The Committee was not swayed by Dr. Thamilvaanan's justifications of her management as set out in her response to the complaint, particularly her explanation for her decision to prescribe antibiotics. The Committee noted that most cases of bronchitis do not require antibiotics, and one would not typically prescribe a steroid in such circumstances.

The Committee stated that in its view, Dr. Thamilvaanan showed poor judgment in prescribing five separate medications for a common URTI in a young woman with no underlying medical issues and no abnormal vital signs. The Committee was concerned by Dr. Thamilvaanan's lack of insight in her response to the complaint, and noted that while Dr. Thamilvaanan maintained that she was motivated by the patient's best interests, she in fact exposed her to many different medications that were not required (and which were quite costly for the patient).

In the circumstances, the Committee determined that it was appropriate to require Dr. Thamilvaanan to attend for a caution and requested that she submit a written report, as set out above.

Noting information from Dr. Thamilvaanan stating that she acknowledged her records were brief and inadequate and she had pursued continuing medical education activities to improve her records, the Committee indicated it would be satisfied if an undertaking could be reached with Dr. Thamilvaanan to confirm the expected improvement from her educational activities, to ensure that her records were optimal. Dr. Thamilvaanan entered into an undertaking (which may be viewed on the public register) to undergo a reassessment of her practice, including a review of patient charts.

This summary was amended following an appeal heard by the Health Professions Appeal and Review Board ("HPARB"), a decision by HPARB dated August 29, 2019, and the Committee's consideration of the matter on November 7, 2019.