

SUMMARY

DR. DANIEL PATRICK BORSCHNECK (CPSO# 64068)

1. Disposition

On February 22, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required orthopaedic surgeon Dr. Borschneck to appear before a panel of the Committee to be cautioned with respect to failing to diagnose a patient with cauda equina syndrome.

2. Introduction

A family member of the patient complained to the College that Dr. Borschneck failed to provide adequate care to the patient in that he underestimated the patient’s complex medical history and his presenting symptoms in the Emergency Room (“ER”), and that he did not assess the patient when the symptoms worsened, including new onset leg paralysis. The patient was eventually diagnosed with saddle emboli causing cauda equine syndrome.

Dr. Borschneck responded that his resident telephoned him about the patient. His resident provided a history, details of a physical examination, and outlined a treatment plan. He reviewed the patient’s CT scan by remote access, and disagreed with the plan, though he agreed to admit the patient for observation, with a plan for further testing and consultations in the morning. His resident called him approximately two hours later to tell him that the patient’s condition had worsened, further consultations had been requested, and surgeries were arranged.

Dr. Borschneck told the College that this was the first case of saddle emboli causing cauda equine syndrome that he has been involved with over a long career in orthopaedics. He added that this condition is so rare that it is not reported in orthopaedic or neurosurgical journals. Dr. Borschneck indicated that this case presented an opportunity for career growth, both as an educator and a physician.

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

The Committee recognizes that an attending physician's role in relation to a resident involved in patient care can be complex; among other things, it requires that the supervisor and/or most responsible physician (in this case, Dr. Borschneck) provide appropriate supervision, including being willing and able to see patients when required or when requested.

The Committee also appreciates that saddle emboli causing cauda equina syndrome is a very rare condition which, due to its severity when it arises, must be identified and treated quickly.

However, the Committee observed that in this case, the patient's symptoms, in conjunction with unexpected CT results, ought to have prompted Dr. Borschneck to respond differently. Specifically, the Committee felt that Dr. Borschneck, as the attending physician, should have gone to the hospital to review the case in person and he should have participated directly in the efforts to seek a diagnosis, rather than relying on his resident and other physicians who became involved as the case progressed. While acknowledging Dr. Borschneck has learned a great deal from this case, and he has indicated he plans to professionally share his learning with his colleagues, not attending was a serious omission on his part.