

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Bose Enoma Ibude (CPSO #108484)
(the Respondent)**

INTRODUCTION

In August 2019, the Respondent conducted a home visit of the late Patient, who had a cough and chest concerns. After conducting an assessment, the Respondent prescribed prednisone 40 mg daily. In the days following the visit, the Patient experienced a gradual decrease in level of consciousness. She was admitted to the hospital for hyperglycemia hyperosmolar nonketotic syndrome secondary to prednisone. The Patient passed away in the hospital in September 2019.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care of the Patient.

COMPLAINANT'S CONCERNS

The Complainant is concerned the Respondent failed to provide appropriate treatment to the Patient during the home visit. Specifically, the Respondent:

- **Prescribed prednisone 40 mg daily to the Patient, knowing that she was diabetic**
- **Failed to explain that the use of prednisone can cause elevated blood sugars and that blood sugars should be monitored frequently**
- **Failed to suggest or order follow-up care for the Patient.**

COMMITTEE'S DECISION

A Family Practice Panel of the Committee considered this matter at its meeting of December 17, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to the management and follow-up of elderly patients with acute exacerbation of chronic obstructive pulmonary disease (COPD). The Committee also accepted an undertaking from the Respondent that included professional education in acute bronchitis, major side effects of systemic glucocorticoids, and acute cough in the elderly.

COMMITTEE'S ANALYSIS

Prescribed prednisone 40 mg daily to the Patient, knowing that she was diabetic

The Respondent stated that it was her clinical impression that the Patient had acute bronchitis. She reported that she prescribed prednisone because of the Patient's history

of COPD and stated that prednisone is indicated for acute exacerbation of COPD. She denied that the family told her that the Patient was diabetic but acknowledged that she should have asked specifically about diabetes before prescribing prednisone.

The Committee had concerns about the Respondent's decision to prescribe prednisone to the late Patient. This medication is associated with a number of possible complications, including avascular necrosis and hyperglycemia. There was no clear indication for its use in a patient known to have COPD with a diagnosis of "acute bronchitis" despite a clear chest on auscultation and no symptoms of shortness of breath. Steroids may benefit select patients with an acute exacerbation of COPD and chronic bronchitis, but the Respondent did not make that diagnosis.

Failed to explain that the use of prednisone can cause elevated blood sugars and that blood sugars should be monitored frequently

The Patient had a well-documented history of diet-controlled diabetes in her previous medical records. The Respondent should have obtained and documented a full medical history, including diabetes. When prescribing high-dose steroids to elderly patients, it is essential to ensure that the patient does not have diabetes. Physicians should specifically ask about the condition and record their inquiry.

In a patient with diabetes who is being prescribed high-dose steroids, frequent blood glucose assessments are necessary to detect elevation, which will then guide further treatment, including consideration to stop the steroids and initiate hyperglycemia therapy.

Failed to suggest or order follow-up care for the Patient

In her clinical report, the Respondent documented her advice that the Patient follow up with her family physician if her condition did not improve. This was a reasonable suggestion, but the Complainant should have been clearer in her instructions for follow-up, and even emergency room care, since the Patient was in a high-risk group. She should have discussed the possible side effects of the prednisone and suggested that follow-up occur within a certain time frame (for example, five days) if the Patient did not show improvement, or sooner if her condition worsened or new symptoms developed. Instructions like these might have triggered earlier assessment of the Patient by a physician and prevented the progressive increase in her blood glucose.

Given the issues regarding the Respondent's management of an elderly patient with acute exacerbation of COPD and her lack of a plan for follow-up, an undertaking was

obtained, as set out above, and the Committee also required the Respondent to attend at the College to be cautioned in person.