

PUBLIC SUMMARY

Dr. Farley David Moss (CPSO# 62362)

1. Disposition

On July 29, 2015, the Inquiries, Complaints and Reports Committee (“the Committee”) required family physician Dr. Moss to appear before a panel of the Committee to be cautioned with respect to missing a diagnosis of retropharyngeal abscess and Ludwig’s angina and failing to document his transfer of Patient A.

The Committee also required Dr. Moss to review College policy #4-12, *Medical Records*, and submit a written summary of the policy document referencing how it is applicable to his situation; complete a self-study on life threatening soft tissue infections of the retropharyngeal space as well as Ludwig’s angina; and submit a written review of the self-study program, to include a re-creation of the medical record of the patient in question and a transfer-handover note appropriate to the situation.

2. Introduction

A family member of Patient A complained to the College expressing concern about the care that Dr. Moss provided to Patient A, including his failure to adequately investigate, diagnose and treat Patient A’s abscess, and his actions in inappropriately discharging Patient A from the hospital and failing to prevent Patient A’s death.

Dr. Moss informed the Committee that Patient A attended the Emergency Department reporting a sore throat, swelling, pain and difficulty with speech and swallowing. After conducting a physical examination Dr. Moss suspected that Patient A presented with a severe allergic reaction and prescribed medication in an effort to bring down the swelling, and ordered blood work. The blood work results were not in the chart when he reassessed Patient A later that morning. Dr. Moss did not order an x-ray or CT scan as he thought he was treating an allergic reaction. Dr. Moss saw Patient A shortly before the end of his shift and advised Patient A that it was not safe to go home at that time as the swelling was persisting. Dr. Moss transferred Patient A’s care to another physician and had no further involvement with the case.

3. Committee Process

A panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint, as well as College policies and relevant legislation.

4. Committee's Analysis

In the Committee's view, Patient A's symptoms, including fever, elevated white cell count and difficulty swallowing (which did not subside despite treatment) did not fit the criteria for Dr. Moss' working diagnosis of an allergic reaction, and should have alerted him to the clear signs of infection and the possibility of sepsis. The Committee was concerned that Dr. Moss missed Patient A's unusual but life-threatening diagnosis of retropharyngeal abscess and Ludwig's angina, given that Patient A's symptoms (which Dr. Moss documented) were a classic description of the disease.

Ludwig's angina is a medical emergency that necessitates an immediate consultation with an ear, nose, and throat (ENT) specialist, and incision and drainage of the abscess, which Dr. Moss failed to recognize and act upon. The Committee was disappointed that even after reflecting on this case and discussing it at the hospital, Dr. Moss still failed to recognize that this was the first line of treatment.

The Committee would expect a prudent physician to have followed up on any missing blood work results if there were not yet available at the time of reassessment, especially given Patient A's unresolved symptoms. The Committee also disagrees with Dr. Moss regarding the use of x-rays and CT scan in this case as plain views would be able to show extensive soft tissue swelling and a CT scan would be able to identify an abscess.

The Committee was also disappointed in the poor quality of Dr. Moss' records, and was unable to find documentation of an appropriate handover of care in the medical records reviewed. Dr. Moss' records were difficult to decipher and significantly lacking in content/detail. The medical record is a legal document which records events and decisions that help physicians manage patient care. Accurate notes are a crucial component of good medical care, and are an important measure of the quality of care received by the patient.