SUMMARY

DR. HUGHES (CPSO# 31872)

1. Disposition

On February 22, 2016, the Inquiries, Complaints and Reports Committee ("the Committee") required cardiologist Dr. Hughes to appear before a panel of the Committee to be cautioned with respect to his communications, in particular, Dr. Hughes should communicate with patients and their families in a professional and empathetic manner

2. Introduction

A family member complained to the College about the care Dr. Hughes provided. Dr. Hughes saw the patient four times.

The family member is specifically concerned that Dr. Hughes ordered multiple cardiac tests without suggesting or starting treatment; rushed and dictated through appointments and then stood to escort them out; failed to respond to questions; informed the family member that the patient died of an arrhythmia without identifying type or cause; and indicated that extreme low blood pressure "could be good" as it slowed the blood "flowing backwards."

Dr. Hughes responded that he did order tests and treat the patient. His detailed documentation of the patient's history shows that he did not rush the patient. He does dictate during appointments. He may have walked the patient and family to the door as he needed to talk to his secretary and make an urgent consultation. He does not recall the specific details of his conversations. He would not have said what the patient died from as he did not know. His explanation regarding the low blood pressure is a statement of fact and he thought the patient and family understood.

3. Committee Process

As part of this investigation, the Committee retained an Independent Opinion provider ("IO provider") who specializes in cardiology. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

An Internal Medicine 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

The IO provider opined that Dr. Hughes met the standard in the care provided to the patient, but also noted: "… his communication skills could be improved. Even in the absence of the family requesting a face-to-face meeting to discuss the final diagnosis, Dr. Hughes could have requested that the family come in to discuss this matter with them in person and to help them in their bereavement process. This may have prevented the current complaint."

The Committee agrees with the IO provider's conclusion that Dr. Hughes met the standard of care in the clinical treatment provided; Dr. Hughes ordered appropriate tests, arranged a timely urgent consultation, and reached the correct diagnosis. Dr. Hughes also provided appropriate treatments. Unfortunately, the patient had an illness, which is often fatal, and most people only survive a few months after diagnosis as there is also no effective treatment.

As noted by the IO provider, and the Committee agrees, Dr. Hughes's communication and manner with patients requires improvement.

Dr. Hughes has a lengthy history of complaints to the College related to his communications. In those complaints, patients have raised similar issues, including that Dr. Hughes mumbled, dictated and did not make eye contact, and did not answer questions. Patients also noted that visits were very brief and that they felt rushed.

In its November 2012 decision, the Committee ordered Dr. Hughes to complete communications coaching; the Committee is dismayed that Dr. Hughes received this complaint to the College when he was in the midst of College-directed communications coaching, and had already completed 13 of 16 hours ordered. Given this, the Committee felt Dr. Hughes should have improved his interactions with patients and their families, including providing sufficient time to answer questions, and not dictating while patients are asking questions. The Committee is also of the view that Dr. Hughes should have realized after this patient's sudden death and given the

family’s many questions that it was appropriate to meet in person rather than discuss concerns over the telephone.