

**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. Emad Kassas (CPSO #89909)
Paediatrics and Neonatology
(the Respondent)**

INTRODUCTION

The College received information raising concerns about the Respondent's assessment of a child presenting with significant injury and his subsequent failure to report the child to child protection services. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a review of the Respondent's practice.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of May 20, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to inadequate assessment (incomplete history, physical examination, and differential diagnosis) of a child with multiple injuries requiring admission to hospital. The Committee also requested that the Respondent prepare and submit homework to the College on the assessment of burns and soft tissue injuries, the importance of considering social and environmental history of children seen in the ER setting with significant injuries, resources for physicians in cases of unusual injuries (e.g., in Michigan if that is where he practises), and mandatory reporting responsibilities.

COMMITTEE'S ANALYSIS

The patient in question was a 17-month-old baby brought to Emergency (the ER) with numerous abrasions (or possibly burns) and bruises on his back and the front of his left thigh. The photographs of the child's injuries contained in the investigative record did not appear consistent with the reported mechanism of injury (that the child slid down eight steps), especially the sharply demarcated denuded areas on the thigh and lower back. The child was hospitalized for his injuries for two days, but was brought back to hospital two days later, earlier than planned, because the morphine prescribed for him had run out.

The Committee noted positive aspects of the Respondent's assessment of the patient, including a comprehensive history and physical examination, and the efforts he made to immunize an unimmunized child.

The Committee also noted shortcomings, however, in several aspects of the Respondent's assessment, including documentation of the history of the patient's

injury. There are conflicting reports of how the child was injured but no careful history documented. The Respondent's assessment of the patient's injuries was also lacking as there is nothing to indicate he removed the dressings to directly visualize the injuries himself. Further, while there is a description of the injuries in the discharge summary, this was dictated by the resident under the Respondent's supervision. In addition, while the Respondent requested a social worker meet with the family, the assessment did not occur before the child was discharged, and therefore more careful assessment of the patient's social situation did not occur. The Committee also questioned the decision to discharge the patient given that he still required morphine for dressing changes.

Given the patient's presentation, the Committee was concerned that the Respondent did not report concerns to the Children's Aid Society. The Committee noted the Respondent's explanation that other physicians who assessed the patient also did not report to the CAS. The Committee pointed out that under the *Child Youth and Family Services Act, 2017*, a person who has a duty to report a matter shall make the report directly to the CAS and shall not rely on any other person to report on the person's behalf. This is also stated explicitly in the College's policy on mandatory reporting which sets out that physicians who have reasonable grounds to suspect a child is in need of protection must not rely on any other person to report on their behalf.

In summary, the Committee was concerned that the Respondent's assessment was incomplete in his history taking, examination, and differential diagnosis and for these reasons decided to issue a caution.