SUMMARY

DR. ARAS JONAS BALSYS (CPSO# 24016)

1. Disposition

On December 11, 2017, the Inquiries, Complaints and Reports Committee ("the Committee") advised internal medicine specialist Dr. Balsys regarding appropriate history taking and proper examination, and ordered him to complete a specified continuing education and remediation program ("SCERP"). The SCERP requires Dr. Balsys to:

- complete e-modules on medical record keeping
- complete coaching in communications
- review College policy #4-12, *Medical Records*, and Canadian Medical Protection Agency (CMPA) Good Practices Module on Communication
- undergo a reassessment of his practice six months following the completion of the remediation.

2. Introduction

The College received a complaint raising concerns about Dr. Balsys' care of a patient. The patient's family member was concerned that during an appointment in June 2017, Dr. Balsys failed to diagnose the patient with pulmonary edema, pericardial effusion and pneumonia; called the patient "fat"; and failed to take the patient's complaints of shortness of breath, fever, and decreased appetite seriously by telling him that his concerns were "all in his head" and that the patient "wants to be sick."

Dr. Balsys denied missing any of the patient's significant health conditions, and indicated that the discharge summaries from the hospital where the patient was later admitted do not indicate any clinically significant pleural or pericardial effusion; and that cardiology reports do not indicate evidence of cardiac dysfunction during the relevant time period, with the exception of intermittent atrial fibrillation. Dr. Balsys explained that he raised the issue of the patient's

weight (the patient was severely overweight) as a contributing factor to his symptoms. He indicated that the patient's English was very poor (which the patient's family member contested) and they struggled with a language barrier, and that he felt he had to use colloquial language to make himself clear, which in retrospect he realizes he should not have used. He apologized for any offence he may have caused.

3. Committee Process

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. 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 record indicates that Dr. Balsys originally saw the patient for shortness of breath on March 29, 2016, at the request of his family physician, and dictated a consultation note from this visit. Dr. Balsys saw the patient again on May 17, and for a third time on June 7. The Committee noted that Dr. Balsys' record of these later two visits is very poor. There is no documentation of the patient's vitals, and the history and physical examination, as documented, is very superficial. There is no documentation of a review of systems or differential diagnosis(es). Although Dr. Balsys noted that the patient was overweight and had a "fever", there is no documentation of the patient's weight or temperature. The Committee noted that it is unclear what, if anything, Dr. Balsys advised the patient on these occasions, and he did not dictate a consultation note for either visit.

The Committee was deeply concerned about the very poor quality of Dr. Balsys' medical records, and noted that thorough and legible notes are a crucial component of good medical care, and are an important measure of the quality of care received by a patient. A physician's

notes are meant to reflect the interaction between a physician and a patient, and chronicle a physician's management of a patient's care. They should include important discussions such as explanations of treatment options offered, together with notations relating to any discussions which were had about the relative benefits and risks of proposed interventions.

The Committee was concerned that Dr. Balsys failed to recognize the patient's respiratory infection at the June 7 visit, noting that a chest x-ray and CT angio of the chest done in the interim showed some evidence of possible lower left lobe infiltrate. The Committee felt that given the patient's fever, it is likely that a respiratory infection was developing and that Dr. Balsys missed a diagnosis of infection due to inadequate history taking and physical examination.

With respect to the communication concerns, it is always difficult for the Committee to determine what exactly was said during a physician-patient encounter, or the tone of the discussion. In this case, Dr. Balsys admits that he made the some of the comments attributed to him, although he explains that he did so to facilitate communication with the patient due to a perceived language barrier. While the Committee appreciated that Dr. Balsys has apologized and reflected on his choice of language, they were troubled by the fact that Dr. Balsys has a significant history with the College. Previous panels of this Committee have advised and cautioned Dr. Balsys on several occasions, mainly pertaining to his communication, as well as history taking, physical assessment and documentation. This panel was concerned that these same issues have come before the Committee yet again. The Committee noted that whatever his intention, the language Dr. Balsys used with the patient was inappropriate and clearly offensive.