

SUMMARY

DR. TIMOTHY JAMES PETER SZOZDA (CPSO# 57112)

1. Disposition

On September 20, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required Dr. Szozda (Family Medicine) to appear before a panel of the Committee to be cautioned with respect to the use of PSA (prostate specific antigen) testing in the diagnosis of prostate cancer. The Committee also requested that Dr. Szozda provide the Committee with a written report on the same.

2. Introduction

The Patient complained to the College that Dr. Szozda failed to recognize and diagnose prostate cancer based on elevated PSA levels; prescribed antibiotics for elevated PSA levels rather than investigating why the levels were elevated; and delayed the Patient's diagnosis of prostate cancer by not referring to a specialist for further investigation.

Dr. Szozda described the course of the Patient's care. He noted that long wait times for specialists is why many family doctors try to manage what they can before making a referral. He noted that general practitioners are not allowed to order trans-rectal ultrasounds. Dr. Szozda admitted to being "anchored" in following his clinical diagnosis of prostatitis and that in retrospect he sees where he could have done a better job handling this case. He said he has learned from this process and changed his practice already. Dr. Szozda stated that he waited too long in initiating the Patient's referral, definitely by a three month period, and in hindsight, perhaps even by up to six months, knowing the Patient's eventual outcome.

3. Committee Process

A Family Practice 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 Committee was concerned about Dr. Szozda's clinical decisions, particularly when the Patient's PSA levels had risen a second time but Dr. Szozda continued to have a presumptive diagnosis of prostatitis. In the absence of symptoms, and with a negative urinalysis in the presence of an elevated PSA, Dr. Szozda should have pursued further investigation as well as a trans-rectal ultrasound. If, as Dr. Szozda described, he could not order a trans-rectal ultrasound, this meant that referring to Urology sooner was even more imperative.

Overall, the Committee was concerned that Dr. Szozda did not have a wide enough differential diagnosis, which should have included prostate cancer, that his rationale for inaction (around the referral) was because of the wait times for such referrals, and that he did not fully discuss the treatment and investigative approach with the Patient.

The Committee acknowledged that Dr. Szozda showed insight into his management of this case. Nonetheless, it remained sufficiently concerned by the seriousness of Dr. Szozda's poor clinical decision-making in this case that it decided to caution him in person.