

**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. Maryanne Susan Rice (CPSO #58348)
(the Respondent)**

INTRODUCTION

The Complainant was a patient of the Respondent from 1992 to November 26, 2014. The Respondent prescribed contraceptive pills (BCP) to the Complainant, initially for birth control and later to control bleeding.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concern about the Respondent's care and conduct.

COMPLAINANT'S CONCERNS

The Complainant's concerns:

- ***"[The Respondent] was my health provider for over 25 years. I placed my full trust in her to assist me with my health and well being. I was prescribed Birth Control Pills – as early as 1996. The medication was continued on a daily basis even to an advanced age, even though I was post-menopausal and had many risk factors. I suffered a devastating stroke at the age of 53 that left me paralyzed on my right side unable to walk or get out of bed unassisted. I have been informed that the stroke was due to the inappropriate long term prescription of BCPs.***
- ***After my stroke, my physicians and neurologists at [the hospital and the stroke recovery unit] could not get a response from [the Respondent] on my medical condition. I received no contact from her or any followup while at the hospital or during my recovery even though she received records from the hospital and specialists on my dire condition.***
- ***[The Respondent] altered my Medical Health Records in over a dozen places going back as far as 15 years ago inserting information that is false and misleading." [sic]***

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of March 10, 2021. The Committee required the Respondent to appear before a panel of the Committee to be cautioned in person with respect to following the College's *Medical Records Documentation* policy and dating amendments to the medical record.

COMMITTEE'S ANALYSIS

Concern regarding alterations to the medical records

The Respondent acknowledged that she made late entries in the Complainant's chart but denied that she made the changes fraudulently or with any intent to mislead. The Respondent stated that it was her understanding that the electronic medical record would track her late entries and store the original version of the notes. She expressed awareness that she did not follow *College's Medical Records Documentation* policy by clearly identifying the entries as late.

The Committee considered the Respondent's alterations to the medical records to be a serious breach of policy. The Respondent was forthcoming about the fact that she had altered the records, but only after the complaint had been lodged. She stated that her goal was to make her documentation more detailed; however, the Committee questioned how she could have accurately recalled the details of her discussions with the Complainant years after the encounters.

The Committee observed that some of the information the Respondent added to the medical records appeared to be exculpatory. The Respondent correctly stated that the evidence of her alterations to the medical records is present in the audit trail; however, the *Medical Records Documentation* policy clarifies that the goal of the medical record "is to tell the "story" of the patient's health care journey." If readers of the record must consult the audit trail to determine whether and where changes have been made to the notes, they will have difficulty gaining a thorough understanding of the patient's experience. The notes themselves should show the date of any amendments.

The Committee noted that the Respondent's original records lacked detail. The Respondent explained that her original documentation was sometimes brief because she routinely had the same discussion with the Complainant and chose not to document this repetition. This explanation did not apply to the November 26, 2014 interaction. The alterations the Respondent made to the note indicated that the Respondent recommended a gynecology consultation to guide treatment with the BCP and the Complainant declined the consultation. The Respondent should have documented the details of this discussion in the contemporaneous note.

On the basis of the above, the Committee determined that a caution was warranted in this matter.

The Committee took no further action on the concerns respecting the Respondent's prescribing of the BCP and her conduct after the Complainant's stroke.