

**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. John Edward Tomc (CPSO #58358)
(the Respondent)**

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct when she attended the hospital with complications during pregnancy, including vaginal bleeding and cramping. The Respondent is an obstetrician and gynecologist.

COMMITTEE'S DECISION

An Obstetrics and Gynecology Panel of the Committee considered this matter at its meeting of December 15, 2023. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned that when a patient with a high-risk and extreme pre-term pregnancy attends with complications, to have a comprehensive discussion with the patient, including their expectations for their fetus, to further evaluate the fetus, and to consult with a tertiary care centre and neonatal intensive care unit (NICU) pediatricians.

COMMITTEE'S ANALYSIS

The Committee was concerned about the Respondent's management of the Complainant when she attended with vaginal bleeding and cramping, given this was a high-risk pregnancy and she was 24 weeks and six days' gestation. In particular, the Respondent dismissed fetal distress as a potential cause of the fetal heart rate decelerations he observed, did not start fetal monitoring, did not obtain an urgent opinion from a maternal fetal medicine specialist or contact the Pediatric service regarding options in the NICU, and failed to thoroughly discuss the situation with the Complainant.

While previously concerns were raised about the Complainant's pregnancy, including low amniotic fluid level, smaller-than-expected head size and elongation of the head, there was nothing in the medical chart to indicate the pregnancy had been designated as non-viable. While pre-term, 24 6/7 weeks is a potentially viable gestational age for a fetus.

Given all the circumstances, the Respondent should have performed additional assessment and monitoring of the fetus, consulted with a tertiary care centre and NICU pediatricians (including those on staff), and discussed the findings and options

thoroughly with the Complainant (including possible emergency delivery plans, prematurity of the fetus and options for resuscitation).