

**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. Susan Mary Miller Tainsh (CPSO# 52069)  
(the Respondent)**

## **INTRODUCTION**

A Patient was initially referred to the Respondent (Geriatrics and Internal Medicine) for respiratory concerns, and the Respondent then provided care to the Patient for several years.

The Complainant, who is the Patient's family member, contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

## **COMPLAINANT'S CONCERNS**

**The Complainant is concerned about the Respondent's care, management and unprofessional behaviour in 2011-2015, in relation to the Patient, including that the Respondent failed to:**

- **adequately assess, investigate/refer, diagnose and treat the Patient's polymyalgia rheumatica in June-July 2015, and her broken foot in January 2015;**
- **take the Patient's elevated blood pressure seriously; and**
- **behave in a compassionate and professional manner.**

## **COMMITTEE'S DECISION**

An Internal Medicine Panel of the Committee considered this matter at its meeting of February 10, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to: the failure to perform and document a physical examination, consider a differential diagnosis, and refer a patient with a history of polymyalgia rheumatica to Rheumatology; and the management of persistent systolic hypertension.

## **COMMITTEE'S ANALYSIS**

*Concern about management of Patient's polymyalgia rheumatica*

Noting the Patient's history of polymyalgia rheumatica, pain symptoms, laboratory results, and a specific request from the Patient's family for a Rheumatology referral, the Committee was of the view that the Respondent should have made such a referral. The Committee was also

concerned the Respondent did not document a physical examination of any kind or record a differential diagnosis.

*Concern about management of Patient's elevated blood pressure*

Noting the Patient's persistent systolic hypertension and that her diastolic levels were generally not ideal, the Committee was of the view that the Respondent should have been more aggressive in her management, including making relevant referrals if necessary.

*Conclusion – Caution in person*

The Committee was concerned the Respondent's records set out care that was very episodic in nature (especially for a geriatrician), the notes lacked continuity, and the Respondent failed to refer the Patient to a rheumatologist when there was indication to do so.

The Committee noted that through a separate College process the Respondent was undergoing remediation that involves professional education on medical record-keeping, geriatric care and a period of supervision followed by a reassessment. That remediation gave the Committee reassurance that the Respondent will have the opportunity to learn and improve in these areas.

However, the Committee also noted it had previously cautioned the Respondent (in 2014) about a poor assessment. Taking this history into account, along with the specific concerns about the Respondent's clinical management in this case, the Committee concluded that it was appropriate to require the Respondent to attend at the College to be cautioned in person as set out above.

The Committee took no further action on concerns about the Respondent's management of the Patient's broken foot and the Respondent's manner.