

**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. Lorne David Kliman (CPSO #31579)
(the Respondent)**

INTRODUCTION

The Respondent was the Patient's family physician. In July 2018, the Patient went to the Respondent's office with reports of fever, diarrhea, and a recent fainting episode. Sadly, the Patient passed away two days later. The Complainant, the Patient's relative, 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 that the Respondent:

- **failed to provide appropriate care in the management of the Patient in 2018 in that the Respondent did not perform an adequate assessment of the Patient when she had fever, bloody diarrhea, recent travel, and loss of consciousness; and**
- **behaved in a rude and unempathetic manner towards the Complainant and her husband during a meeting following the Patient's death.**

COMMITTEE'S DECISION

A Family Practice Panel of the Committee considered this matter at its meeting of June 27, 2019. The Committee required the Respondent to attend at the College to be cautioned in person with respect to the assessment and management of gastrointestinal bleeding and assessment of melena, especially in the setting of syncope. The Committee also directed staff to negotiate an undertaking with the Respondent, which provides that the Respondent will engage in professional education in the assessment and management of an older patient with syncope, gastrointestinal bleeding, and melena, and medical record-keeping.

COMMITTEE'S ANALYSIS

In the Committee's view, the Respondent's management plan to request stool infection studies and make a referral for an elective colonoscopy was inadequate and did not address the Patient's acute issue. Melena (black, tarry stools) raises the possibility of an upper gastrointestinal bleed, which would not be addressed by a colonoscopy. The history of syncope (loss of consciousness) suggested significant concern of blood loss. These factors should have prompted a much more thorough assessment.

The Committee found the Respondent's records to be incomplete and inadequate. The history did not include a description of the duration or severity of the symptoms, associated symptoms (such as vomiting or abdominal pain), and no indication of the syncopal episode. There are no comments regarding medication, including whether there was any recent nonsteroidal anti-inflammatory drug (NSAID) use. The documented examination was inadequate, with no evaluation of hydration status or findings consistent with acute blood loss. The only vital sign taken was a pulse. The Respondent did not perform a digital rectal examination.

The Committee also noted that the referral form for the colonoscopy was incomplete and filled out erroneously. The Respondent marked the reasons for referral as "colon screening (Age 50+)" and "diarrhea" and omitted "blood in stool." A referral for an assessment due to bleeding is not a "screening."

In this case, the Committee had concerns about the Respondent's management and evaluation of the Patient. In the Committee's view, appropriate management of an elderly patient in these circumstances would include doing a full history and physical examination and likely making a referral to the emergency department.