

SUMMARY

DR. ZOLTAN PETER RONA (CPSO# 30224)

1. Disposition

On August 17, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered general practitioner Dr. Rona to appear before a panel of the Committee to be cautioned with respect to his medical record-keeping and his communications.

2. Introduction

The family member of a patient complained to the College that Dr. Rona (who the patient consulted for advice on nutrition, and not as a general practitioner) failed to provide appropriate care/advice regarding the patient’s dietary concerns. The family member expressed concern that Dr. Rona focused on supplements as opposed to dietary changes; that he dismissed obvious errors in the computer analysis of the patient’s diet and did not clarify contradictions between his recommendations and the computer analysis; that he failed to provide an analysis on the patient’s completed seven-day food record; and that he alleged that the data that the patient had provided was the problem, not the computer analysis.

Dr. Rona responded that his approach to assessing any patient’s nutritional status is to look at numerous factors that include nutrient intake, laboratory values for various nutrients and lifestyle habits; and that his major focus is on dietary changes and not just supplements. He stated that his assessment of a patient’s diet includes (but is not limited to) the use of a software program (which he said is only as accurate as the data provided by the patient); and that he used the computer analysis of the patient’s information, along with other objective biochemical test results, to decide whether dietary changes were required and to form his recommendations. He stated he advised the patient in writing to consume more high protein vegetarian foods as her percentage of protein was significantly less than her carbohydrate and fat intake, and her laboratory tests showed several micronutrient deficiencies. He indicated that he also recommended supplements, which could correct the nutrient deficiencies more quickly than could be accomplished by dietary changes alone.

Dr. Rona stated that he reviewed the laboratory reports with the patient in detail during their meeting, and that he provided copies of the computer assessments, which are self-explanatory. He also noted that he and his staff responded to communications from the patient and/or her family member (mostly through discussions his staff had with them over the telephone), and that he did suggest that the patient and/or her family member attend to discuss the analysis with his staff, but they did not do so.

3. Committee Process

As part of this investigation, the Committee retained an Independent Opinion provider (“IO provider”) who has engaged in extensive research and writing in the area of complementary therapies and integrative medicine. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

A General 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.cpsso.on.ca, under the heading “Policies & Publications.”

4. Committee’s Analysis

The IO provider concluded that Dr. Rona’s care in this case did not meet the standard of practice of the profession. The IO provider noted concerns about a lack of communication skills, a lack of any attempt to improve communications, and a lack of a recorded, legible management plan. The IO provider found that the chart was confusing in its layout and that, among other things, it was very difficult to ascertain focused details of the patient’s problems, objectives and goals, and communication of information to the patient.

The Committee agreed with the IO provider’s conclusions, and noted that Dr. Rona’s chart notes were sparse, with minimal record of explanations and/or recommendations that he said were given to the patient (and to her family member) orally. The Committee found that the computer reports were difficult to understand, and noted that it did not appear that Dr. Rona provided any

written explanation of the reports to the patient or her family member (for their own use or to provide to the patient's family physician). In addition, the Committee noted that the numbers in the computer analysis did not correlate with the listed food diary, and when the patient and her family member questioned the validity of the analysis, Dr. Rona at least failed to document (and perhaps failed to provide) any reasonable explanation in terms of the findings and his thought process in reaching his conclusions and formulating his recommendations.

The Committee stated that while they could not know with certainty what was said between the parties during an office visit, the lack of any documentation of a proper discussion/explanation in the record was very troubling. In addition, the Committee felt that documented email exchanges appeared to demonstrate poor communication on the part of Dr. Rona, in that he did not seem to adequately respond to issues/concerns or provide the information being requested.

Based on the above, the Committee had concerns about Dr. Rona's inadequate record-keeping, poor formulation of a management plan, and poor communication with the patient, the patient's family member, and the patient's family doctor (who she would be seeing for follow-up care).

Dr. Rona agreed to engage in a period of supervision, followed by a reassessment of his practice, pursuant to an undertaking (a voluntary, binding promise which the physician makes to the College). As the Committee was satisfied that this undertaking would address the concerns identified in the College's investigation about Dr. Rona's clinical practice, the Committee accepted the undertaking as an appropriate resolution of that aspect of this matter. In addition, the Committee felt that it was also appropriate to caution Dr. Rona on his record-keeping and his communications in this case.