

**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. Grace Benedette Wai Ma (CPSO #90555)
(the Respondent)**

INTRODUCTION

The Patient had a condition for which they were on a variety of immunosuppressant medications for many years. The Patient was admitted to hospital with perforated diverticulitis. The Respondent (Colorectal and General Surgery) treated the Patient non-operatively for several days, and then transferred the Patient's care to another surgeon. Shortly after, the Patient underwent surgery for a perforated sigmoid colon followed by an Intensive Care Unit admission for septic shock and multi-system organ failure. The Patient experienced a protracted hospital course with multiple complications and additional surgical procedures until her death in hospital many months later.

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

COMPLAINANT'S CONCERNS

<p>The Complainant is concerned that the Respondent failed to adequately assess the Patient and failed to appropriately manage the Patient's bowel perforation during the Patient's admission to hospital.</p>

COMMITTEE'S DECISION

A Surgical Panel of the Committee considered this matter at its meeting of April 17, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to: the need for very close monitoring of an acute abdomen in patients on immunosuppressants with conditions such as diverticulitis; to have a high index of suspicion for deterioration and recognize when surgery is necessary; and the importance of writing contemporaneous medical records. The Committee also asked the Respondent to prepare a written report on the investigation and management of diverticulitis in an immunosuppressed patient, and to review the College policy, *Medical Records Documentation*.

COMMITTEE'S ANALYSIS

Concern that the Respondent failed to adequately assess the Patient and appropriately manage the Patient's bowel perforation

The Committee accepted that the Respondent's initial management was a defensible clinical choice for the average patient with perforated diverticulitis. But the Committee disagreed with the Respondent about the effect of the Patient's immunosuppressive drugs on the Patient's clinical course, and ultimately how the Respondent chose to manage this case.

Immune modulating drugs are very important considerations when dealing with acute abdominal conditions, such as diverticulitis, since they can blunt the immune response and at times can entirely mask the inflammatory response to serious intra-abdominal conditions, including peritonitis. However, the Respondent indicated in her response she did not believe these medications played a role in this case.

The Respondent further noted that she reviewed the case at several quality improvement rounds at the hospital, where colleagues recommended that she be more aggressive in recommending surgical intervention for patients on immunosuppressants with active infection. The Respondent nonetheless indicated in her response to the complaint that she would continue to support the same clinical course she took at the time.

The Respondent ordered a follow-up CT scan for the Patient, which for reasons unknown to her was twice delayed. The Respondent failed to recognize that she should have taken steps to coordinate the CT scan more proactively.

The Committee was concerned about the Respondent's clinical choices and her subsequent insight and therefore decided to require her to attend at the College to be cautioned, as set out above.

Additional concern: Medical record-keeping

The Respondent's notes were of little value in this case as she dictated them after the period in which she was involved in the Patient's care, instead relying on the notes of medical students and residents. Even in her response, the Respondent inserted these other notes and referred to them as "my progress notes". The Committee was concerned the Respondent did not appreciate the importance of creating her own contemporaneous notes and therefore decided to caution the Respondent on this issue as well.