

**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. Bhavani R Arumugam (CPSO# 87597)
(the Respondent)**

INTRODUCTION

The late Patient was a resident at a long-term care facility (LTC), where the Respondent (Family Medicine) provided care to residents. The Complainant is the Patient's family member. The Complainant 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:

- **discontinued the Patient's ASA with no explanation or rationale;**
- **ignored the possibility that the Patient may have had a recurrent urinary tract infection (UTI) when raised;**
- **had no discussion with the Complainant before making the Patient palliative; and**
- **engaged in communication that was at times condescending and intimidating.**

COMMITTEE'S DECISION

A Family Practice Panel of the Committee considered this matter at its meeting of November 7, 2019. The Committee required the Respondent to attend at the College to be cautioned in person with respect to medical record-keeping, the use of anti-coagulants in the elderly (particularly ASA) and issues surrounding palliative care. The Committee requested that the Respondent provide the Committee with a written report with respect to the medical literature about the use of anti-coagulants in the elderly (particularly ASA) and a review of College policies, *Medical Records* and *Planning for and Providing Quality End-of-Life Care*.

The Committee also stated its expectation that physicians ensure their communication is always professional and appropriate.

COMMITTEE'S ANALYSIS

Concern about discontinuation of ASA

- The Committee was concerned about the Respondent's clinical decision-making around the discontinuance of the Patient's ASA, in the face of one documented bruise on the

Patient. The Committee also noted the Respondent's lack of documentation with respect to her assessment and her rationale for changing the Patient's care plan, and with respect to conversations she had with the Patient's family member (the Respondent acknowledged not documenting all such conversations).

Concern about UTI

- Nursing notes confirmed the Complainant did receive treatment for UTIs while in the LTC facility and there was no indication in the record that the Respondent ignored the Complainant's concerns in this regard. The Committee took no further action on this area of concern.

Concern about making the Patient palliative

- The Respondent noted that when the Patient was admitted to hospital for a myocardial infarction, the ER physician wrote a "do not resuscitate" (DNR) order, which she deemed as an indication that the ER physician had made the decision regarding the Patient's palliative status. The Respondent said that she met with the Complainant to discuss the Patient's declining health and explained that comfort care would be prioritized over aggressive management. The Committee reviewed the medical record and saw no documentation of this conversation.

The Committee further noted that DNR does not mean "do not treat." Clinically, the Respondent should not have assumed the DNR order at the hospital meant the decision had already been made about the Patient's palliative status.

Concern about communication

- As the Committee only had the parties' conflicting recollections of their encounters, it was unable to conclude whether the Respondent was inappropriate in her manner towards the Complainant. The Committee took no action on this concern, but it stated its expectation that physicians ensure their communication is always professional and appropriate.