

## **SUMMARY**

### **DR. COLIN NUTALL STRUTHERS (CPSO# 92427)**

#### **1. Disposition**

On February 12, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required internist and gastroenterologist Dr. Struthers to appear before a panel of the Committee to be cautioned with respect to the assessment and management of cirrhosis (including making a timely referral to a hepatologist and/or liver clinic, and ordering a biopsy in a timely manner); and explaining the seriousness of the illness to the patient, as well as the patient's family with the patient's consent. The Committee also required Dr. Struthers to submit a written report on the assessment and management of cirrhosis.

#### **2. Introduction**

A family member of Patient A complained to the College that Dr. Struthers failed to refer Patient A to a liver clinic in a major centre in a timely manner; failed to inform the family about the seriousness of Patient A's condition; wasted two and half months ordering endless tests and advising Patient A to decrease Patient A's salt intake; and believed Patient A was an alcoholic and a drug user.

Dr. Struthers responded that Patient A would not be considered for a liver transplant unless they had abstained from alcohol for six months. He would have initiated an earlier referral had he thought Patient A's condition was deteriorating. He never considered Patient A to be a drug user or alcoholic, nor was his management guided by such assumptions. He discussed the gravity of the situation with Patient A.

### **3. Committee Process**

An Internal Medicine Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the investigation. 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](http://www.cpsso.on.ca), under the heading "Policies & Publications."

### **4. Committee's Analysis**

When Dr. Struthers first saw Patient A they already had advanced liver failure. Given Patient A was not an alcoholic, in the Committee's view, Dr. Struthers did not need to wait for Patient A to abstain from alcohol for six months before referring Patient A to a liver clinic and/or a hepatologist for an assessment and possible liver transplant. While Dr. Struthers did order most of the appropriate testing to rule out other causes of cirrhosis, Dr. Struthers should have also completed a biopsy to confirm the diagnosis early on in the course of the disease.

It appears Dr. Struthers failed to recognize how quickly Patient A was deteriorating, in spite of test results suggesting otherwise. Dr. Struthers appropriately ordered testing to determine a MELD-Na (Model for End Stage Liver Disease) score, which is used to assess the prognosis and severity of liver disease. However, the Committee observed when that test showed his score rose to 19, Dr. Struthers still did not refer Patient A to a liver clinic or hepatologist.

The Committee is limited to a documentary review, and is unable to know exactly how Dr. Struthers explained the condition and prognosis to Patient A, and whether Patient A was able to fully comprehend it, as Patient A's condition was impacting Patient A's brain function and causing some confusion. Given the seriousness of the condition, it is very important to ensure the patient fully understands it, and this may require multiple discussions. Notes from a visit to a local Emergency Room provide support that Patient A and the family did not fully understand

the nature of the diagnosis initially. Though Dr. Struthers shows insight regarding the deficiencies in his communication and has changed his approach, the Committee will caution Dr. Struthers in person regarding his communications.

Having reviewed the chart, the Committee could find nothing to suggest that Dr. Struthers believed Patient A to be an alcoholic or a drug user. Rather, the record suggests the opposite, and supports that Dr. Struthers recognized Patient A did not use drugs and only occasionally drank alcohol.