

SUMMARY

DR. DONALD CHOW CPSO# (50405)

1. Disposition

On October 12, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered orthopaedic surgeon Dr. Chow to appear before a panel of the Committee to be cautioned with respect to professional communications.

The Committee also ordered Dr. Chow to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Chow to:

- complete one-to-one communications coaching facilitated by the College. Upon completion, the instructor will submit a report to the College to determine if the one-to-one instruction has been completed satisfactorily.

2. Introduction

A patient and a family member complained to the College that Dr. Chow was unprofessional during a one-time consultation visit. The College contacted Dr. Chow multiple times requesting a response. Dr. Chow did not provide a response or any other information to the College with respect to this matter.

3. Committee Process

A 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 patient and the patient's family member are concerned that Dr. Chow was unprofessional, condescending, and argumentative during a one-time assessment for back pain. Specifically, they indicate that Dr. Chow argued with the patient because the patient did not have a copy of the original MRI (though had not been told to bring it), accused the patient of obtaining narcotics from the street, and talked more about himself and one of his own family members during the visit than about the patient.

Dr. Chow did not submit a written or verbal response to the complaint. Dr. Chow also did not provide other information, such as a letter indicating he did not intend to respond or that he required additional time to do so, to the College regarding this matter.

The Committee determined that it was unable to know exactly what occurred, as it was limited to a documentary review of information. That said, since Dr. Chow did not provide an alternative explanation for his communications, the Committee could only make a decision based on the encounter as described by the patient and the patient's family member. As a result, the Committee concluded that Dr. Chow was unprofessional and inappropriate during the visit.

The Committee's concerns about Dr. Chow's communications were elevated because of his history of complaints and/or investigations regarding unprofessional communications and conduct. This history suggested a concerning pattern of practice, and in the Committee's view, supported that Dr. Chow would benefit from education to improve his communications.