

**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. Boutros Behnam Metry Mikhail (CPSO# 97445)
Family Medicine
(the Respondent)**

INTRODUCTION

The Complainant (the late Patient's family member) contacted the College with concerns about the care the Respondent provided to the Patient. In a virtual appointment, the Respondent assessed the Patient for lower limb swelling and prescribed hydrochlorothiazide. According to the Complainant, while the medication reduced the swelling, the Patient experienced negative side effects and decided to stop taking it. Approximately six months later, the leg swelling reoccurred. The Patient started the medication again and the swelling subsided; however, the side effects were more severe. The Complainant contacted the Respondent's office asking that the Patient be assessed; however, this did not take place. The Respondent denied being aware of any of this.

The Patient was subsequently admitted to hospital, while being mildly hyponatremic and hypokalemic. Shortly thereafter, the Patient's status deteriorated, and sadly, she passed away.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- **ordered hydrochlorothiazide without completing baseline blood work;**
- **failed to order bloodwork to monitor the Patient's electrolytes after initiating hydrochlorothiazide despite the Patient's cardiac history (i.e., pacemaker);**
- **dismissed the Patient's concerns regarding the hydrochlorothiazide prescription, refused to order blood work earlier, and stated that the Patient's yearly routine blood work will be completed as previously scheduled;**
- **failed to communicate with the Complainant or the Patient in a timely manner resulting in a delay in the Patient's care; and**
- **failed to administer his office in a proper manner leading to constant staff turnover, making it difficult for patients and family members to build rapport with his office.**

DISPOSITION

The Committee considered this matter at its meeting of July 5, 2023.

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The Committee required the Respondent to appear before the Committee to be cautioned with respect to:

- the appropriate management of patients with hypertension and acute limb edema in the ambulatory setting;
- timely communication with patients to address patient concerns and ensure optimal follow-up care; and
- selection of virtual care when appropriate.

The Committee also required the Respondent to prepare a report to be discussed at the caution, regarding the appropriate assessment and management of patients with anemia, hypertension, and leg edema, including timely laboratory investigations and monitoring; timely communication with patients to address patient concerns and ensure optimal follow-up care; and the appropriate use of virtual care and on-site patient assessments to meet the clinical needs of patients and to ensure adherence to the College's policy, *Virtual Care*.

COMMITTEE'S ANALYSIS

The medical record shows that the Respondent prescribed oral iron for the Patient's low hemoglobin, which was diagnosed as anemia of chronic disease, with a plan to repeat CBC (complete blood count) in three months. Yet, the Committee notes that the Respondent did not request a ferritin blood test even though iron had been prescribed.

The Respondent then saw the Patient in a virtual (telephone) appointment for "marked swelling of both lower limbs", diagnosed congestive heart failure and prescribed hydrochlorothiazide. There was no documentation of a plan for follow-up with laboratory analysis (none were arranged) and blood pressure monitoring.

The Committee finds it troubling that the Respondent initiated an anti-hypertensive / diuretic medication without carrying out a physical examination or developing a well-detailed plan for monitoring of an elderly patient. The Respondent's decision to carry out the assessment virtually, as well as making the diagnosis of congestive heart failure while providing virtual care, was inappropriate.

The Committee is concerned that the Respondent did not have a process in place to adequately monitor the Patient undergoing treatment and to address the Patient's medical concerns in a timely fashion.

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The Committee observes that the Respondent did not demonstrate much insight and reflection on his role in this case. In the Committee's opinion, this situation could have been significantly better managed had there been a more proactive attention from the Respondent.

The Respondent's documentation in the medical record is scant. The Committee takes this opportunity to comment that complete, accurate notes are a crucial component of good medical care and are an important measure of the quality of care received by a patient.

As required in this process, the Committee reviewed the Respondent's history with the College of prior decisions. The Committee noted concerns involving the Respondent's interactions with patients related to their follow-up care. While the Committee at the time did not take action on that issue, the Committee is concerned that the Respondent continues to receive complaints in this area of his practice.

The Committee acknowledges that health care human resources challenges have become common across all areas of medical practice and understands the difficulties both physicians and patients may have in this regard. Given that this is a systems issue, the Committee took no further action on that issue.

In light of the above, the Committee required the Respondent to appear before it to be cautioned.