

**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. Joe Bunn Leung (CPSO #61048)  
(the Respondent)**

## **INTRODUCTION**

The Complainant had a high-risk pregnancy and was being followed by a maternal fetal medicine specialist.

The Respondent saw the Complainant three times in a hospital Obstetrical triage unit, at 19 weeks, 24 weeks and 26 3/7 weeks gestation. On each occasion she was assessed and discharged home.

At 27 3/7 weeks, the Complainant arrived at the hospital by ambulance following a seizure at home. She underwent an emergency Caesarean section but her baby did not survive. She received care in the ICU and was ultimately discharged on May 1, 2020.

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:**

- **failed to provide adequate medical care in that he did not further investigate, diagnose and treat the Complainant's severe abdominal pain while pregnant on three separate visits to a hospital Obstetrical triage unit;**
- **behaved in a dismissive manner towards the Complainant having stated "this does not make any sense," and disregarded pertinent information about her pregnancy and family history; and**
- **on the third visit, failed to communicate to the Complainant that her blood pressure was elevated and that the protein level in her urine was very high.**

## **COMMITTEE'S DECISION**

An Obstetrical Panel of the Committee considered this matter at its meeting of March 19, 2021. The Committee required the Respondent to attend at the College to be cautioned in this matter with respect to failing to identify early onset pregnancy-induced hypertension/pre-eclampsia. The Committee also requested that the Respondent provide the Committee with a written report regarding hypertensive disorders of

pregnancy and triage assessment of a prenatal patient in the second and third trimester.

## **COMMITTEE'S ANALYSIS**

*Re: failed to provide adequate medical care in that he did not further investigate, diagnose and treat the Complainant's severe abdominal pain while pregnant on three separate visits to a hospital Obstetrical triage unit*

*-AND-*

*Re: on the third visit, failed to communicate to the Complainant that her blood pressure was elevated and that the protein level in her urine was very high*

The Committee is concerned with the care the Respondent provided to the Complainant and with the Respondent's documentation at all three visits.

The Respondent's clinical notes were very brief. The Respondent did not document an appropriate medical history and clinical assessment. He also did not set out a differential diagnosis for the Complainant's presenting symptoms. Moreover, and most importantly, he did not rule out the most common diagnosis of pregnancy-induced hypertension. Also, prior to discharge after the first visit, there is no documentation that the Complainant's elevated liver function tests were reviewed nor was appropriate follow-up arranged given the test results.

After the Complainant presented a second and then a third time with abdominal pain in pregnancy, the Respondent should have been considering a diagnosis of pregnancy-induced hypertension and pre-eclampsia, which was suggested by her symptoms. The Respondent should have been more vigilant of the Complainant's history, that her blood pressure readings were increasing with each visit to the obstetrical unit, and that otherwise she was young and healthy.

The Respondent did not do any investigations to rule out the most serious common clinical diagnosis and/or support any diagnosis, prior to discharging the Complainant, thus exposing her to a risk of harm. The Complainant subsequently experienced a seizure and other significant complications, although thankfully these complications did not cause severe health issues.

The Committee determined that requiring the Respondent to attend at the College to be cautioned and to provide a report on hypertensive disorders of pregnancy and triage assessment of a prenatal patient in the second and third trimester was an appropriate disposition.

*Re: behaved in a dismissive manner towards the Complainant having stated "this does not make any sense," and disregarded pertinent information about her pregnancy and family history*

The Committee is limited to a documentary review of information and often, in circumstances where parties disagree as to their communication, such as in this case if the Respondent's manner was dismissive, we are not able to determine whose recollection is closer to the truth.

Given this, the Committee does not take any action on this area of concern, other than taking this opportunity to state its expectation that physicians communicate in a sensitive and empathetic manner.