

SUMMARY

Dr. Sarah Zaki Yanni Hanna Rizk (CPSO# 83048)

1. Disposition

On April 20, 2017 the Inquiries, Complaints and Reports Committee (“the Committee”) required Dr. Rizk (General Practice) to appear before a panel of the Committee to be cautioned with respect completing Health Assessment Reports for Community Care Access Centre (“CCAC”) applications and completing Disability Tax Credit forms. The Committee also issued advice to Dr. Rizk with respect to following the recommendations of specialists.

2. Introduction

A family member of Patients A and B (an elderly couple) wrote the College expressing concern about the care that Dr. Rizk provided and about Dr. Rizk’s conduct. Specifically, the family member was concerned that Dr. Rizk failed to complete a Health Assessment Report with respect to Patient A’s CCAC application, and charged \$100 to fill out Patient A’s Disability Tax Credit form, but did not complete it and would not issue a refund. She was also concerned that Dr. Rizk did not follow up on metabolic screens and monitor Patient A’s blood pressure, failed to investigate abnormal findings on his trachea, and did not refer him to a cardiologist close to home for his medical condition. With respect to Patient B, the family member expressed concern that Dr. Rizk failed to refer Patient B to an Ear, Nose, and Throat (“ENT”) specialist.

Dr. Rizk responded that as Patient A was a new patient she did not know his medical history; however, she did assess both his mental and cognitive abilities and she found him to be alert. She thus decided that Patient A would have to undergo assessment by a geriatric specialist prior to her completing the paperwork to place him on a wait list for a long-term care facility. Dr. Rizk said that in her view she could not perform the comprehensive evaluation herself; hence she arranged for the assessment through the William Osler Geriatric Outreach Program. She said she told Patient A that the referral would be based on the results of this assessment. Dr. Rizk stated that after the assessment she received the final report indicating the outcome.

A care coordinator was supposed to contact Patient A about registration in their day program, and contact had also been initiated with an Alzheimer counsellor to assist in various matters.

Dr. Rizk indicated that she referred Patient A to a cardiologist with respect to his pacemaker. The cardiologist arranged for an echocardiogram and a dipyridamole myocardial perfusion scan. Patient A then informed Dr. Rizk that he wanted a referral to a different cardiologist; Dr. Rizk provided the referral so that he could obtain a second opinion. The office of this specialist was not far from the patients' home. After she received this specialist's report, she referred Patient A back to the first specialist, based on the advice to optimize his vascular risk factors and also to control his blood pressure. Dr. Rizk said the record reflects she screened and monitored Patient A's blood pressure, including ordering complete blood work, ECGs and other diagnostic tests.

Dr. Rizk stated that none of the tests she ordered showed abnormalities in Patient A's trachea, and Patient A's discharge summary from the hospital also did not mention any abnormalities.

With respect to Patient B, Dr. Rizk indicated that Patient B had asked her to complete a Disability Tax Credit form. According to Dr. Rizk, she advised Patient B at the time that there was a \$100 charge to fill out the form. Dr. Rizk said she filled out her portion, and staff gave Patient B the form and collected the fee. Her staff did not ask Patient B to sign that she picked up the form but gave Patient B a receipt. When Patient B's family member called her and asked her to issue a refund for the \$100 fee, she told her she could as she had completed the work.

Dr. Rizk said that she referred Patient B to an ENT specialist regarding her recurrent nosebleeds. After Patient B saw the specialist, Dr. Rizk said she provided the recommended treatment. Patient B then advised that she wanted a referral to a different specialist for a second opinion. Dr. Rizk provided the referral, but to her knowledge patient B did not attend the appointment.

3. Committee Process

A Family Practice Panel of the Committee, consisting of both public and physician members, met in order to review the relevant medical 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 medicine in Ontario. Current versions of these documents are available on the College's public website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

As a specialist in family medicine, Dr. Rizk was capable of eliciting a full history from Patient A and doing an assessment for the purpose of filling out the CCAC Health Assessment Report. There was no need for a geriatric evaluation before completing the CCAC assessment report. The CCAC care co-ordinator documented in the record that she tried multiple times to contact Dr. Rizk with respect to the completed Health Assessment Report which remained outstanding. She wrote that they would consider Patient A's application on receipt of the assessment report. It is troubling that the CCAC coordinator was unable to contact Dr. Rizk despite of all her efforts. In the Committee's view, this lack of responsiveness presents a serious barrier to patient care.

The Committee noted that the College has received prior complaints with regards to this issue, ie Dr. Rizk's failure to fill out and provide reports to patients or third parties in a timely manner.

The Committee heard different stories as to what happened to the Disability Tax Credit form. Dr. Rizk states that she gave it to Patient B; however, Patient B's family member denies this. While Dr. Rizk's secretary indicates that Patient B came to the clinic to get the completed forms, she admits she did not have Patient B sign for the pick-up; hence there is no record of this. The Committee is limited to a review of the documentation that is in the investigative file and was in the circumstances unable to determine whether the forms were picked up or not. Nevertheless, the Committee had concerns about how Dr. Rizk's office handled this situation.

The Committee had concerns with respect to Dr. Rizk's office administration and organization. When issuing the receipt, office staff should have had Patient B sign for the completed form. The complaint may have been avoided if there was a record that someone collected the form. In the Committee's view, Dr. Rizk should ensure her office administration is better organized. The Committee also noted that the Disability Tax Credit form is in no way a complicated form. Dr. Rizk could have met with the patients at the outset and filled out the entire form with them. In the Committee's view, this would have been appropriate in light of Patient B's health status, not to mention all of the challenges that both patients were dealing with as an elderly couple.

The Committee reviewed the medical record which reflects that Dr. Rizk did not appear to follow the specialist's recommendations regarding blood tests and blood pressure follow-up. The Committee advised Dr. Rizk to be diligent about following consultants' recommendations.

The Committee noted that Patient A's x-ray report recommends obtaining prior films to verify the nature of "bilateral upper tracheal opacities" suspected as possibly vascular in nature; however, this report was not addressed to Dr. Rizk, therefore she never received a copy of it.

From the Committee's perspective, Dr. Rizk appeared to make a reasonable effort to accommodate Patient A's numerous requests regarding referrals to various cardiologists; however, in the Committee's view, when making referrals, Dr. Rizk should be more cognizant of and consider issues elderly patients may face in terms of the location and timing of referrals.

With respect to the complaint that Dr. Rizk failed to refer Patient B to an ENT specialist, the Committee reviewed Dr. Rizk's medical record for Patient B which did contain referrals to ENT specialists. In the Committee's view, Dr. Rizk made reasonable efforts to accommodate Patient B's request. While it seemed there was a long wait for the consultation with the second specialist, this can occur if a specialist is servicing a large population in an underserved region.