

SUMMARY

DR. PETER KAGOMA (CPSO# 61643)

1. Disposition

On June 8, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered haematologist and internist Dr. Kagoma to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Kagoma to:

- attend and successfully complete the next available session of a relevant course, acceptable to the College, regarding the management of acute coronary syndrome and its complications in the Emergency setting and during hospital admissions; and
- undergo a reassessment, by an assessor selected by the College, and consisting of a chart review and interview approximately six (6) months following completion of the course outlined above.

2. Introduction

The College received a public complaint about Dr. Kagoma’s clinical care of and communications with Patient A, a now-deceased family member of the Complainant. Patient A had a long-standing history of hypothyroidism but had stopped taking prescribed medication for that condition for several years. The Complainant took Patient A to Emergency for concerns that Patient A had been experiencing ongoing weakness and had been feeling unwell for several days.

Dr. Kagoma consulted in Patient A’s care after Patient A was admitted to hospital. After conducting investigations, he felt that Patient A’s symptoms were related to hypothyroidism and did not believe there was a cardiac component to Patient A’s condition.

After a few days in hospital, Patient A was discharged with plans to follow up with a family physician. Less than two weeks later, Patient A was readmitted to hospital and required admission to the intensive care unit before eventually being diagnosed with a recent heart attack which had caused severe heart failure. Urgent intra-aortic balloon pump insertion and

angiography did not improve Patient A's condition. Patient A died in hospital just over two weeks after being admitted.

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 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.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee found no information to support the Complainant's concerns about Dr. Kagoma's communications with Patient A.

The Committee had significant concerns, however, about Dr. Kagoma's clinical care and decision-making, and felt that Dr. Kagoma focussed too much on Patient A's history of hypothyroidism to explain the clinical presentation, and missed important clues in the investigations conducted pointing to a cardiac cause for Patient A's symptoms.

Dr. Kagoma's justification for the care he provided Patient A—by saying that hypothyroidism caused the elevated troponins—and his apparent continuing belief, despite knowing the patient's outcome, that hypothyroidism was the cause of the patient's condition, caused the Committee concern that he needs education on this topic. The Committee felt that Dr. Kagoma's focus on hypothyroidism caused him to miss an opportunity to involve cardiology sooner in Patient A's care.