

SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)

(Information about the complaints process and the Committee is available at:

<https://www.cpsso.on.ca/Public-Information-Services/Learn-About-Our-Complaints-Process>)

Dr. Diamondali Kassamali Charania (CPSO #27565)

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct. In September 2017, the Complainant attended the Respondent's office as a walk-in patient after cutting his finger while sharpening a knife. He indicated that he wished to be assessed as to whether he may need stitches. The Respondent was not the Complainant's regular family physician, but he had seen the Respondent a few times in the past

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- conducted an inappropriate assessment of his finger by handling it aggressively;
- used profanity and threatening behaviour towards him; and
- told his office assistant to throw his patient file in the garbage.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of March 6, 2019. The Committee required Dr. Charania to attend at the College to be cautioned in person with respect to professional behaviour and communications; and to complete a specified continuing remediation and education program (SCERP) consisting of:

- complete one-to-one instruction in professionalism and communications to the satisfaction of the College
- review College policies on *Ending the Physician-Patient Relationship*, *Physician Behaviour in the Professional Environment*, and *Uninsured Services: Billing and Block Fees*, and provide a written summary with reference to current standards of practice (where applicable), how it is applicable to Dr. Charania's situation, as well as how Dr. Charania has made---or plans to make---changes to his practice

COMMITTEE'S ANALYSIS

Unprofessional behaviour

- While the Committee could not determine the details of the parties' interactions, it was concerned by the fact that there was some altercation during the appointment, with both parties raising their voices, and an acrimonious end to the relationship. This was confirmed by the witness evidence from both the office staff and another patient (Mr. X) who was present in an examination room close to where the Complainant's encounter with the Respondent occurred. Mr. X described both the Complainant and the Respondent engaging in a "very heated conversation." The Respondent's staff indicated that they heard the Respondent tell the Complainant to "get out of the office". The Respondent admitted that he made the statement, and that he did so "angrily" and that he became "upset" during the encounter (for which he offered his apologies). Also, in his record of the encounter, the Respondent documented that he "got angry". The Respondent denied telling staff to throw the Complainant's file in the garbage, and the Respondent's staff member did not mention such an exchange in her account of the incident, nor did Mr. X recall hearing the Respondent say anything to his secretary about this during the incident.
- The Committee's concern regarding the quality of the Respondent's behaviour and communications in this case was heightened by the fact that the Respondent's history with the College includes several previous complaints, some of which raise similar issues regarding the Respondent's behaviour towards/communications with patients. In addition, at the time the Committee reviewed this matter, they had another, unrelated complaint before them raising similar concerns about the Respondent's behaviour and communications towards a patient.

Billing for uninsured services

- The Committee was concerned by the information indicating that the Respondent would have charged the Complainant a fee if he had proceeded to suture the wound. The College's policy, *Uninsured Services: Billing and Block Fees* states that insured services include not only the provision of the service itself but also any constituent elements associated with the service. In the case of a repair of a laceration, the OHIP fee includes providing premises, equipment, supplies and personnel for repair. As such, it appears that sutures are not a non-OHIP service, and it is therefore inappropriate to bill a patient a fee, as the Respondent indicated he intended to do in this case.

The Committee took no further action on the concerns respecting the Respondent's clinical assessment of the Complainant's wound. The Committee stated it was not in a position to know

whether the Respondent's manipulation of the wound resulted in further trauma or bleeding as the Complainant described, and it acknowledged that some exploration of the wound would be required in order to ascertain the extent of the injury.