

**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. Manni Singh (CPSO #116169)
(the Respondent)**

INTRODUCTION

The College received information raising concerns about the Respondent's treatment of a patient who had lodged a complaint with a hospital that he had inappropriately touched her breasts and buttock in the course of treating her for atypical chest pain in the hospital's Emergency Department (ED). The Respondent was a second-year resident in Family Medicine at the time. The patient in question did not wish to lodge a complaint with the College. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a review of the matter.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of December 8, 2021. The Committee required the Respondent to appear before the Committee to be cautioned with respect to medical record record-keeping.

COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained an independent Assessor who specializes in Emergency Medicine, to review the materials related to this matter, and submit a written report to the Committee.

The Assessor opined that the Respondent's initial physical examination seemed appropriate, thorough and warranted, though there were concerns with a maneuver he performed, and due to the lack of documentation the Assessor could not say with certainty how appropriate the examinations were.

Examining the heart on the left side of the chest can sometimes necessitate movement of the breast; however, physicians should approach such an examination with care, as set out by the Committee, which would include the importance of effective communication and explanations for patients, especially in examinations of an intimate nature (involving the chest or leg/thigh areas, for example).

The Respondent's lack of documentation (which he acknowledged) made it difficult for the Committee to know the details of what happened in this case. The deficiencies in this regard, as set out in the Assessor's report and noted by the Committee, and the fundamental importance of good medical record-keeping to good patient care, led the

Committee to conclude it was appropriate to require the Respondent to appear before the Committee to be cautioned on this subject.