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. Paul Douglas Healey (CPSO #76068)
Family Medicine (Emergency), Family Medicine
(the Respondent)

INTRODUCTION

The Complainant contacted the College on behalf of her family member, the Patient.

The Respondent saw the Patient in the Emergency Department (ER) for complaints of abdominal pain. The Respondent discharged the Patient after an assessment and abdominal ultrasound to rule out renal colic or appendicitis, with advice to continue monitoring his symptoms and return if he experienced increasing pain, fever, or vomiting.

The Patient returned to the ER a few hours later with right testicular swelling and mild pain. Another physician assessed him, ordered urinalysis and other testing, and discharged the Patient with instructions to return the next day for an ultrasound of the scrotum.

The Patient did as instructed and the ultrasound revealed an infarcted testicle. The Patient required surgery—orchiectomy—to remove the testicle.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent failed to conduct an adequate assessment of the Patient, resulting in a delay in the diagnosis and treatment of testicular torsion. The Patient subsequently required an orchiectomy.

COMMITTEE'S DECISION

A Family Practice Panel of the Committee considered this matter at its meeting of December 10, 2020. The Committee required the Respondent to appear before it to be cautioned with respect to failure to diagnose testicular torsion. The Committee also requested that the Respondent submit homework on the diagnosis and management of testicular torsion.

COMMITTEE'S ANALYSIS

The Committee noted that testicular torsion can be a difficult diagnosis when the presentation is atypical and because of the nature of the pain (it radiates up), and

possibly because of a hesitancy on the part of some young men to complain of testicular pain. That being said, there is no excuse not to fully and correctly examine for this possible diagnosis in young men who present with unexplained and significant lower abdominal pain

The Committee noted that although the Respondent appeared to have been attentive and performed a reasonable investigation, with good follow-up instructions, he did not carry out a groin examination or scrotal examination which is advisable in men with lower quadrant abdominal pain that is not otherwise explainable.

The Committee took into account the Respondent's history with the College in reaching his decision. Although the Respondent has been the subject of only one previous complaint in which the Committee took no action, that matter also involved a patient with testicular torsion. The Committee expressed concern that the Respondent would not have had a higher index of suspicion for this diagnosis given that he was previously the subject of a complaint relating to this significant clinical concern.

The Committee noted that the outcome for the Patient has been significant and very distressing for him and his family. In the circumstances, the Committee determined that it was reasonable to require the Respondent to appear for a caution and to complete homework related to his caution.