

**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/Services/Complaints>

**Dr. Nessa Aviva Bayer (CPSO #73935)
(the Respondent)**

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care in regards to his child (the Patient). After a number of follow-up appointments after the Patient's birth, the Patient was admitted to a neonatal intensive care unit (NICU) for several days because of dehydration.

COMPLAINANT'S CONCERNS

The Complainant is concerned about the care the Respondent provided to the Patient. Specifically:

- **The Respondent did not recognize the symptoms of dehydration in the Patient, which led to him being admitted to a NICU;**
- **The Patient and his family saw the Respondent repeatedly because of concerns about the Patient's 20% weight loss, the presence of urate crystals in his diapers, and his lack of bowel movements;**
- **The Complainant and his wife sought a second opinion immediately after their final appointment with the Respondent, at which time the Patient was immediately rushed and admitted to a NICU.**

COMMITTEE'S DECISION

An Internal Medicine Panel of the Committee considered this matter at its meeting of November 19, 2018. The Committee required the Respondent to attend at the College to be cautioned in person with respect to her treatment and assessment of neonatal weight loss and dehydration.

COMMITTEE'S ANALYSIS

- The Patient was at a high risk for dehydration because he was a late pre-term infant who had lost 6-7% of his weight by the time he was discharged from hospital after his birth. This can predispose an infant to slow feeding, which can lead to dehydration.
- At the Patient's first visit to the Respondent, he had lost 9-10% of his birth weight; at his second visit, he was approximately 20% below his birth weight and at his third visit, he remained 20% under his birth weight.

- In managing the Patient's care, the Respondent took into account the frequency of wet and dirty diapers and the mother's impression of the Patient's feeding. While these are part of an appropriate assessment, continued weight loss is still a cause for concern and should be acted upon. Further, a physical examination may not always correlate with the degree of weight loss in infants, which means it may be difficult to appreciate the degree of dehydration in an infant upon physical examination. The Respondent should have been more concerned about this Patient's ability to feed adequately, given his severe weight loss.
- By the time of the Patient's second visit, the weight loss should have been considered an emergency, and steps immediately taken to rehydrate the infant. Appropriate care would include arranging for admission to a hospital at this point. Yet, at the Patient's third visit, the Respondent again documented a normal examination. She did not recommend hospitalization, although another physician who examined the Patient hours later admitted him urgently to hospital.
- In the Committee's view, the Respondent did not fully appreciate the seriousness of her error in failing to take action in regards to this critically dehydrated infant, and appeared to lack insight into the effect of her actions in this case.
- Given the fundamental and dangerous nature of this particular error as well as the Committee's concerns about the Respondent's lack of insight, we are of the view that the Respondent would benefit from a face-to-face meeting and some remedial work to ensure she appreciates the seriousness of her error and is able to provide more appropriate care in the future.