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. Dario Francesco Del Rizzo (CPSO #50420)
(the Respondent)

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concern about both the Respondent's conduct and his management of the Patient's cardiac condition (bicuspid aortic valve).

The Respondent, while trained in cardiovascular, thoracic and general surgery, has been practising as a family physician for approximately 20 years. The Respondent was the Patient's family doctor for 18 years until the Patient's death due to complications following aortic valve replacement surgery.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- **failed to provide comprehensive care to the Patient, including not adequately following up on the investigations completed or pursuing further clinical testing/diagnostics;**
- **misdiagnosed the Patient's health issue and did not consider alternative causes/factors;**
- **failed to monitor the Patient's underlying cardiac condition as required, nor did he engage a specialist to continuously monitor this concern;**
- **demonstrated a failure to take the Patient's health issues seriously; and**
- **inappropriately dismissed concerns expressed by the Complainant regarding the Patient's condition by advising her to not overreact and manage her anxiety.**

COMMITTEE'S DECISION

The Committee considered this matter at its meeting of February 15, 2023. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned to ensure patients with cardiovascular disease are referred to cardiologists in a timely manner; and that his medical records are thorough, reflect the care provided, and if using templates that the information included accurately reflects each patient encounter.

The Committee also accepted an undertaking from the Respondent.

COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained two independent assessors: Assessor A, who specializes in family medicine, and Assessor B, a cardiologist.

In an addendum report, Assessor A opined that the Respondent did not meet the standard of care in treating the Patient. In particular, the Assessor noted:

- Although the Patient received regular follow up of their cardiac issues, had serial echocardiograms, and the Respondent made one referral to a cardiac surgeon five years before the Patient ended up in the Emergency Room (ER) with cardiac issues, a measurable change was noted in the Patient's cardiac function in three echocardiograms ordered in the interim period (that is after the initial referral to a cardiac surgeon but before the ER visit). It was unclear what action the Respondent took in response to these reported changes to the Patient's cardiac function, or how he informed or otherwise instructed the Patient of these results. This inaction may have contributed to the Patient's eventual decline and presentation to the ER.

- The Respondent displayed a lack of judgement in not contacting the Patient about changes on three echocardiograms or addressing clinical findings including a new systolic murmur identified two years after the referral to a cardiac surgeon.

- The Respondent's clinical practice, behaviour or conduct exposes or is likely to expose his patients to harm or injury given the apparent lack of follow-up on three consecutive echocardiograms. The inaction in the context of these radiographic and clinical findings, if extrapolated to other patients in the Respondent's practice, may expose them to harm or injury.

Assessor B also opined that the Respondent did not meet the standard of care in treating the Patient's congenital bicuspid aortic valve. In particular, the Assessor noted:

- Overall, the Respondent did manage this case as well as he could, but he should have referred the Patient to a cardiologist and that would be the standard of care. The Respondent is clearly not a cardiologist.

- The Respondent's care displayed a lack of knowledge, skill, and judgment.

- The Respondent's clinical practice, behaviour or conduct exposes or is likely to expose his patients to harm or injury, for any patient cardiac problems.

- The Respondent showed some limited knowledge of aortic valve disease in his care of the Patient but failed to recognize the risk of serious complications that arise with this aortic valve problem, including progressively worsening aortic stenosis or regurgitation with rapid progression once the patient becomes symptomatic, and ascending aortic aneurysm with its potential for dissection or rupture and endocarditis.

- The Respondent's opinion that the Patient should have been considered for cardiac transplantation initially instead of an urgent aortic valve replacement and ascending aortic replacement shows a lack of awareness of the availability of cardiac transplantation in an urgent setting.

The Committee agrees with the conclusions set out in the addendum report of Assessor A as well as the report of Assessor B that the Respondent did not meet the standard of care in treating the Patient's congenital bicuspid aortic valve.

A congenital bicuspid aortic valve is a common issue managed by cardiologists. Aortic stenosis slowly progresses over years and there is no medical therapy, rather aortic valve replacement surgery is the only treatment. The follow up of aortic stenosis is basic and includes a review of systems and echocardiograms. If a patient has even minimal respiratory symptoms or any left ventricle dysfunction, they typically undergo surgery.

In this case, the Respondent missed multiple opportunities in which there were clear indications to refer the Patient to a cardiologist to ensure appropriate monitoring of the Patient's condition. Though the Respondent was trained many years ago in cardiovascular surgery, he does not have training in cardiology, and has been practising exclusively in primary care for about 20 years. In the Committee's view, the Respondent's responses to this complaint suggest he lacked insight into his out-of-date knowledge and in his ability to manage cardiac patients.

The Respondent failed to document and interpret the Patient's echocardiograms and seemed unaware of the critical inconsistencies and quality control issues. Important inconsistencies in left ventricular size and function, aortic stenosis measurements, aortic regurgitation quantification and ascending aorta measurements were all missed. In addition, the Respondent's review of systems was cursory based on the medical record.

The Respondent should have referred the Patient to a cardiac surgeon on at least three occasions given findings on the Patient's echocardiograms. In addition, given the results of several of the Patient's echocardiograms, the Respondent should have contacted the Patient to discuss the results.

The Committee also identified numerous deficiencies in the Respondent's records. Aside from failing to document and interpret the Patient's echocardiograms, the Respondent's notes are largely identical suggesting that he did not take a thorough history or complete an adequate examination of the Patient. Aortic valve disease requires a simple and detailed functional assessment which takes minutes to complete, and in reviewing the chart of nearly 20 years there is no record this was done. There is also no reference to aortic stenosis as the dominant pathology, only aortic regurgitation is mentioned. The Respondent also did not document he discussed the echocardiogram results with the Patient, nor that he explained the natural progression of the condition or symptoms.

As to whether the Respondent was dismissive of the Complainant's concerns, the Committee is unable to know what the Respondent said or his manner when discussing the Patient's health with the Complainant. However, as already noted the medical record supports inadequate care of the Patient's cardiac condition, which suggests a failure to recognize and/or dismissiveness of the severity of the Patient's condition.

Given our concerns with the Respondent's practice, the Committee decided to caution the Respondent in addition to accepting an undertaking from the Respondent, as noted above.