

## **SUMMARY**

### **Dr. Michael Jiaravuthisan (CPSO# 83273)**

#### **1. Disposition**

On September 6, 2017, the Inquiries, Complaints and Reports Committee (the Committee) required Dr. Jiaravuthisan (Dermatology) to appear before a panel of the Committee to be cautioned with respect to his clinical care and communication deficiencies. The Committee also required Dr. Jiaravuthisan to submit a report to the College with respect to the diagnosis and treatment of scabies and its various presentations.

#### **2. Introduction**

A family member of a patient complained to the College that Dr. Jiaravuthisan failed properly manage the patient's care, by failing to monitor the patient's deteriorating condition and obtain second opinions to properly treat the patient's medical condition, failing to take a team approach with other physician's about the patient's treatment, and failing to apply to Health Canada for the drug Ivermectin in a timely manner.

Dr. Jiaravuthisan responded to the complaint, and provided a summary of his clinical care, including his assessment, his differential diagnoses, and his initial treatment recommendations (i.e. to obtain biopsies of the patient's rash and to initiate treatment with topical medications). Dr. Jiaravuthisan said that once he obtained the pathology results from the patient's biopsies, he prescribed treatment for scabies and referred the patient to an infectious disease specialist. He described subsequent follow-up visits, in which he provided further medication for persistent symptoms and reviewed the recommendations from the infectious disease specialist. Dr. Jiaravuthisan said that at his final visit with the patient, he decided to refer him back to the infectious disease specialist for consideration of Ivermectin as the patients symptoms persisted. He said he offered to contact the specialist, but the patient said that he would call on his own.

### **3. Committee Process**

A General Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at [www.cpsso.on.ca](http://www.cpsso.on.ca), under the heading "Policies & Publications."

### **4. Committee's Analysis**

The Committee noted that following the patient's fourth and final visit with Dr. Jiaravuthisan, the patient was still worried about his rash and saw a general practitioner for a second opinion. This physician then referred the patient to a second infectious disease specialist who diagnosed the patient with Norwegian scabies and asked the general practitioner to apply for Ivermectin. The general practitioner submitted the application to Health Canada on April 20, 2016. Unfortunately, a week later, the patient was admitted to hospital with sepsis and renal failure, secondary to a Norwegian scabies infestation, which required the patient to undergo dialysis. The day following the patient's admission, the Special Access Program approved the Ivermectin; yet, unfortunately, by that point, the patient's life-threatening infection could not be reversed.

The Committee was concerned that at the patient's first appointment, Dr. Jiaravuthisan's differential diagnosis did not include the possibility of scabies, never mind Norwegian scabies, despite the fact that the patient exhibited typical symptoms associated with this condition. The Committee was of the opinion that the record reflected a cursory physical examination, which may have been the reason why Dr. Jiaravuthisan did not consider a scabies diagnosis.

While the record reflects the fact that Dr. Jiaravuthisan acted promptly in prescribing the first-line treatment for scabies (i.e. permethrin cream) once the scabies diagnosis was confirmed,

the Committee noted that when Dr. Jiaravuthisan met with the patient again for the third time, he charted that the patient's symptoms had not improved and in fact had become worse. However, at the conclusion of this appointment, Dr. Jiaravuthisan merely instructed the patient to come back if he had any further concerns or if his symptoms failed to improve or worsened. The Committee was concerned that Dr. Jiaravuthisan opted not to see the patient again unless the patient asked to see him despite little improvement in a condition present for six months. The Committee was also concerned by Dr. Jiaravuthisan's decision to refer the patient back to the infectious disease specialist at the next visit, but that he did not arrange the appointment. Overall, the Committee was of the opinion that Dr. Jiaravuthisan demonstrated poor clinical judgment in a number of respects, including not having a broad enough differential diagnosis, in providing poor follow-up care, and in not monitoring the patient's condition appropriately.

The Committee noted that there is no documentation that Dr. Jiaravuthisan ever contacted the infectious disease specialist about his suggestion to consider initiating a trial of Ivermectin (though we feel that prescribing it was Dr. Jiaravuthisan's responsibility, as we set out below). In addition, as already noted above, Dr. Jiaravuthisan also failed to proactively assist the patient in booking a follow-up appointment with the specialist in order to discuss the use of Ivermectin. In the Committee's opinion, if Dr. Jiaravuthisan believed that such follow-up was important, then he should have insisted on having his office schedule the patient for an appointment. From the Committee's perspective, this demonstrated a lack of initiative by Dr. Jiaravuthisan, and a failure on his part to take a "team approach" with the patient's other treating physicians.

In the Committee's view, as the patient's dermatologist, Dr. Jiaravuthisan should have been involved in the steps around prescribing Ivermectin and in submitting the application for it. He had at least two opportunities to apply for the medication; yet, failed to do so both times, first when he did not follow up with the infectious disease specialist regarding the medication, and then a second time when he left the patient to follow up with the specialist on his own. The only requirement for prescribing Ivermectin is a very simple application to Health Canada. Dr. Jiaravuthisan stated that he had never submitted an application for Ivermectin before and

that the reason he did not do so in this case was because he was not familiar with the process. In the Committee's view, this was not a justifiable reason for not submitting the application. The Committee noted that Dr. Jiaravuthisan could have contacted Health Canada for assistance and if he was still uncomfortable filling out the application after obtaining further information, then he could have asked the patient's family physician to do so after explaining the situation. In this regard, Dr. Jiaravuthisan failed to apply for and obtain the Ivermectin in a timely manner.

In light of the noted concerns regarding Dr. Jiaravuthisan's clinical care and communications, the Committee determined that it was appropriate to require him to attend at the College to be cautioned, as set out above.