

**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. Jeyasakthy Jeya Thayaparan (CPSO #84896)  
(the Respondent)**

## **INTRODUCTION**

The Patient (who was in their late 60s/early 70s) was admitted to the intensive care unit (ICU) for nearly three months. The Respondent is a geriatrician and assessed the Patient after transfer from the ICU to a medical ward.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

## **COMPLAINANT'S CONCERNS**

**The Complainant is concerned that:**

- the Respondent was very unprofessional towards the Patient in her assessment for ICU delirium;
- the Respondent was rude, abrupt, and arrogant in her manner and approach to the Patient's family;
- the Respondent told the Complainant that the family was being selfish for allowing this to go on;
- the Respondent forced the Complainant to ask the Patient if she wanted to continue to live this way; and
- the Respondent's professional judgement was extremely skewed in suggesting that the Patient qualified for palliative care.

## **COMMITTEE'S DECISION**

An Internal Medicine Panel of the Committee considered this matter at its meeting of September 14, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to medical record-keeping and communications.

The Committee also negotiated an undertaking with the Respondent which included that the Respondent complete six-month clinical supervision; undergo professional education in geriatrics and communication; and have a reassessment after completing the supervision and education.

## **COMMITTEE'S ANALYSIS**

### *Professional communications*

Though palliative care and/or a do not resuscitate (DNR) order might have been appropriate to discuss given the Patient's long ICU stay, the Committee would have expected the Respondent to investigate more extensively before discussing palliative care and recommending a DNR order, particularly given the Respondent's lack of earlier involvement during the Patient's prolonged admission and ICU stay.

The Committee is limited to a paper review of information, and with only the divergent recollections of the parties, the Committee is unable to conclude with certainty if the Respondent's manner or communications were rude or unprofessional. That said, the Respondent has had prior College complaints in which similar concerns were expressed about her communications with patients. The similarity between this case and past complaints heightened the Committee's concern that the Respondent's communication was insufficient. These factors contributed to the Committee's decision to accept an undertaking and issue a caution related, in part, to the Respondent's communications.

### *Medical Record-keeping*

The Committee had concerns with the Respondent's record-keeping. The Committee also identified concerns with the Respondent's assessment, but because of the poor record-keeping, it was difficult to evaluate the Respondent's care.

The Respondent's documentation of her assessment of delirium was overly brief and her consultation note did not include a differential diagnosis. Large portions of the Respondent's consultation note appear to have been "cut and paste" from other reports. The Respondent should have provided her analysis of critical laboratory results, as well as consideration of other causes of delirium or why those other causes have been ruled out.

The Respondent has had prior College complaints and investigations in which the Committee identified concerns with her record-keeping. As a result of those investigations, the Respondent has completed education to improve her records, yet they continue to be deficient. Though some of the education occurred after the care in this case, the fact of repeated issues with record-keeping heightened the Committee's concern.

These factors contributed to the Committee's decision to accept an undertaking and issue a caution related, in part, to the Respondent's medical record-keeping.