SUMMARY

DR. JITIN SONDHI (CPSO# 87312)

1. Disposition

On January 5, 2017, the Inquiries, Complaints and Reports Committee ("the Committee") required Dr. Sondhi (Family Medicine) to appear before a panel of the Committee to be cautioned with respect to his management of a patient with high risk factors who attended the hospital with TIA (transient ischemic attack)-like symptoms.

The Committee also ordered Dr. Sondhi to complete a specified continuing education and remediation program ("SCERP"). The SCERP requires Dr. Sondhi to:

- Engage in self-directed learning on the management of acute ischemic events.
- Practice under the guidance of a Clinical Supervisor acceptable to the College for three months.
- Undergo a reassessment of his practice by an assessor selected by the College approximately six months following completion of the education program.

2. Introduction

A family member of the patient complained to the College that Dr. Sondhi failed to diagnose the patient with and treat the patient for a stroke at a hospital Emergency Department (ED), resulting in the patient's current state of disability. The patient had a history of right internal carotid artery occlusion and had recently undergone elective surgery, for which she temporarily stopped taking her anticoagulants. The patient went to another hospital shortly after being discharged by Dr. Sondhi, where she was admitted with left carotid artery occlusion, left middle cerebral artery (MCA) infarction and anterior cerebral artery (ACA) infarction.

Dr. Sondhi responded that ED staff triaged the patient to be seen urgently, and he alerted the CT department of the potential need for a CT head scan. He pointed out that the patient and her family member described that her symptoms had resolved initially at home, but then recurred, and then they resolved again by the time she was assessed in the ED. He noted that the patient

and her family member agreed she was back to her baseline. Dr. Sondhi reported that he reviewed the patient's electronic chart and was aware she was followed by neurology for a neurodegenerative disorder and she had undertone a carotid Doppler six months earlier that showed very severe bilateral stenosis of the carotid arteries. He described his assessment of the patient and that he considered a differential diagnosis that included (among other things) acute stroke. He said he ordered various tests that yielded negative results, and he suggested to the patient that her symptoms could be explained by an adverse effect of pain medication she had taken after her recent elective surgery. Dr. Sondhi noted that while the patient's family member requested admission, he (Dr. Sondhi) did not think it was indicated. Dr. Sondhi said he advised the patient and her family member for her to return to the ED should any symptoms reoccur and/or persist despite the negative findings, as her risk for stroke was high secondary to her carotid artery stenosis.

3. Committee Process

A 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.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee found that Dr. Sondhi did not properly respond to the very serious confounding factor in this case, which was the patient's history of severe bilateral carotid artery occlusion. The Committee stated that Dr. Sondhi should have known that a patient with this condition who had been off anticoagulants for a week and had TIA-like symptoms was a high-risk patient and he should have acted accordingly, including obtaining a full and relevant history and more thoroughly documenting that history, his physical examination and differential diagnosis. The Committee was of the view that Dr. Sondhi failed to prioritise his differential diagnosis according to the worst possible outcome, and missed the opportunity to take appropriate measures to help try and avoid a stroke. The Committee noted that its concern in this matter was

compounded by the fact that Dr. Sondhi had already been the subject of a previous public complaint where the College determined that remediative action was necessary to address a clinical issue.

The Committee determined that Dr. Sondhi should be cautioned in person in this matter, and he should undergo a specified continuing education and remediation program.