

SUMMARY

Dr. Sibomana Chabikuli (CPSO# 86024)

1. Disposition

On February 8, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered family physician Dr. Chabikuli to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Chabikuli to:

- Complete self-study in emergency room and inpatient management of temporo-mandibular joint (TMJ) dislocations in patients with significant cognitive and mental impairment. This review shall include a literature review and written summary regarding the management of TMJ dislocations, and the principles of palliative care. Dr. Chabikuli shall submit the written report to the College to ensure completeness.

2. Introduction

A family member of Patient A complained to the College that Dr. Chabikuli refused to facilitate a manipulation of and/or manipulate Patient A’s locked jaw; refused to listen to or act on the family’s requests for intervention and/or a referral; ignored advice from other health professionals that a manipulation could be done; and became confrontational.

Dr. Chabikuli responded that: When he initially saw Patient A in the ER regarding recurrent lock jaw, he carried out a reduction procedure under conscious sedation to reduce the dislocation of the patient’s jaw; when the patient’s jaw dislocated again just prior to discharge he admitted Patient A to hospital. He ordered a CT scan of the head and facial bones to rule out stroke and to better assess the jaw. He discussed these findings with a dental surgeon who felt that he could not help the situation because of the high risk of recurrent dislocation. He discussed the option of a nerve block with a hospital anaesthetist who felt the he did not have the appropriate equipment for the procedure. He attempted to investigate and treat Patient A to the best of his ability and had no intention to cause harm to Patient A or add distress to the family.

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.cpsso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee is concerned about the care Dr. Chabikuli provided to Patient A. According to the nursing records, there is no indication that Dr. Chabikuli ever managed to relocate the jaw while Patient A was in the ER. Patient A's mouth would not close nor could Patient A swallow immediately after Dr. Chabikuli tried to reduce the dislocation. The most reasonable inference is that a proper reduction never occurred.

Patient A was in the hospital for days with a persistent jaw dislocation and thus Patient A's mouth would not close nor could Patient A eat during that time.

In the Committee's view, there should have been a second attempt at reduction of Patient A's jaw dislocation soon after admission, despite the possibility of a recurrent dislocation in the future. Dr. Chabikuli states he contacted a dental surgeon by phone, who advised that there was "not much to do," but he did not document that conversation and according to the family Dr. Chabikuli only consulted with the dental surgeon at their request.

Dr. Chabikuli should have arranged a formal surgical consultation. Even in a community hospital, it is possible to arrange internal or external specialist consultation. In this case an ear, nose, and throat surgeon and/or a maxillofacial or plastic surgeon would have been appropriate.

The Committee's impression is that Dr. Chabikuli placed too much emphasis on deeming Patient A's condition to be palliative. There were multiple options and opportunities to provide better and more compassionate care in this case, and Dr. Chabikuli seems to have had little insight into the deficiencies evident in his management of this patient.