

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**

(Information about the complaints process and the Committee is available at:
<https://www.cpso.on.ca/Public-Information-Services/Learn-About-Our-Complaints-Process>)

**Dr. Miah Hahn (CPSO #59311)
(the Respondent)**

INTRODUCTION

The Respondent assessed the Patient shortly after birth for bilateral club foot. She subsequently treated and operated on the Patient's bilateral club foot. The Complainant (the Patient's mother) 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 failed to provide appropriate care and treatment to the Patient for his bilateral club foot. Specifically, the Respondent:

- **Failed to provide the Complainant with the correct information on when the Patient should wear his casts and braces, including that they should have been worn with no down time and right until the date of surgery to be effective;**
- **Failed to ensure that the staff at the fracture clinic to whom she delegated the Patient's foot casting were properly trained in the Ponseti method when applying his casts;**
- **Failed to inform the Complainant that the Patient could have undergone surgery at the age of four months to correct his bilateral club foot, but rather delayed his surgery until approximately the age of eight months;**
- **Inappropriately performed the Patient's surgery to correct his bilateral club foot, and post-operatively and in the months to follow, failed to disclose that the Patient's surgery was not successful;**
- **Incorrectly informed the Complainant that the Patient's pre-operative braces would be just as effective in holding the correction following the surgery;**
- **Failed to respond to the Complainant's messages in June 2017, where they expressed concerns that the Patient's feet were turned in and that he was ambulating on the sides of his feet;**
- **Failed to see the Patient at appropriate time intervals, for example, seeing the Patient approximately every three months rather than the recommended 30 day intervals throughout the entire course of his care and treatment; and,**
- **Failed to spend appropriate time with the Patient during his appointments at the Fracture Clinic, including that the Respondent was rushed during appointments and saw the Patient in an extremely busy environment, which may have contributed to the Respondent's failure to pick up and appropriately address any red flags.**

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| <ul style="list-style-type: none">• The Patient is now required to undergo the entire corrective treatment and surgeries at another health facility in order to correct his original bilateral club foot. |
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COMMITTEE'S DECISION

A General Panel the Committee considered this matter at its meeting of February 5, 2019. The Committee accepted the Respondent's signed undertaking, and also required the Respondent to attend at the College to be cautioned in person with respect to her management of paediatric patients with congenital club foot.

COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained an independent Assessor who specializes in Orthopedic Surgery. The Assessor opined that the Respondent's care did not meet the standard of practice. Specifically, he noted that the Ponseti method is the standard of care for club foot treatment, that there was no indication from the Respondent that her treatment in this case (which did not use the Ponseti method) was not her usual approach, and that "she is not prescribing to a standard that has been widely adopted across the continent, if not the world". He further indicated that the Respondent poorly understood the club foot deformity, and that she failed to follow many basic principles of the Ponseti treatment.

The Assessor further stated that if the Respondent treats children this way in the future, such under correction will likely lead to a less than optimal result, which will have deleterious effects on the child and their future.

Clinical Care

The Committee agreed with the Assessor. The Ponseti method for correction of club foot is the standard of care, and the Respondent should have been well aware of this since she used to advertise herself as a pediatric orthopedic surgeon.

The Committee was concerned to note that the Respondent showed a lack of insight into her issues with clinical management, and attempted to place some of the blame for the outcome in this case on the Patient's parents, which also showed a lack of insight.

The Committee noted that the Respondent was in compliance with another undertaking she had signed with the College at the time of this complaint, and would be undergoing an assessment by a College-approved assessor in the near future. The supervision reports from that undertaking indicated that the Respondent had made improvements to her practice. This

provided some measure of comfort to the Committee regarding the Respondent's supervision and clinical care moving forward, but did not alleviate all concerns related to her management of this patient's case. As a result the Committee felt that the Respondent would benefit from a meeting in person to discuss her management in this case. This formed the basis for the College's decision to issue a verbal caution on the management of paediatric patients with congenital club foot.

Communications, staff training, and timing of appointments

The Respondent indicated that clinic staff are trained in the Ponseti method. There was no information to indicate that the clinic staff were not appropriately trained.

In regards to the Complainant's concerns including not returning messages and failing to spend appropriate time, the Committee could not determine the nature of the communications between the Complainant and the Respondent because there was only two different accounts but no information to support either side. As a result, they took no action on this aspect of the complaint.