

SUMMARY

DR. JODE LYNNE MARY CALVERT WANG (CPSO# 61291)

1. Disposition

On August 15, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required general practitioner Dr. Wang to appear before a panel of the Committee to be cautioned with respect to the evaluation and treatment of acute red eye. Dr. Wang has also been asked to submit a written report on the topic.

2. Introduction

A family member of the patient complained to the College that when Dr. Wang diagnosed the patient with pink eye (conjunctivitis), she prescribed an ear medication to the patient with instructions to administer to the eye and failed to arrange an appointment with a specialist for the patient.

Dr. Wang responded that she no longer works at the clinic where she saw the patient. There were a number of administrative and structural challenges she faced at the clinic, which led to mistakes such as the one made in this case. She has since established her own practice and implemented changes to improve her standard of practice.

3. Committee Process

As part of this investigation, the Committee retained an Independent Opinion provider (IO provider) who specializes in family medicine. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

A Family Practice 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 IO provider's report identified several deficiencies in Dr. Wang's care of the patient. The Committee agreed with the IO provider that Dr. Wang's care fell below the standard in the management of the patient's conjunctivitis.

Dr. Wang acknowledged that she made an error in writing the prescription for ear drops rather than eye drops. The Committee was also concerned with Dr. Wang's treatment plan to use oral antibiotics if the patient's symptoms did not improve within 48 hours after using the drops, as well as with the decision to change the prescription to steroidal eye drops when the symptoms worsened. In the Committee's view, Dr. Wang's overall approach and treatment plan was inappropriate.

As noted by the IO provider, conjunctivitis is usually self-limited and can resolve spontaneously. There are many treatment options available for conjunctivitis. There is debate over whether antibiotic drops are necessary, and treatment does not typically involve the use of steroidal eye drops. The Committee agreed with the IO provider that physicians should use steroidal eye drops with caution or avoid them if possible.

In the Committee's view, Dr. Wang provided inadequate care to the patient with respect to her conjunctivitis, an issue that family physicians often see. The choice of medication was inappropriate and switching to an oral antibiotic without assessment from a physician would expose the patient to a risk of harm. As a result, the Committee decided to caution Dr. Wang.