SUMMARY

Dr. Paul Gibbons Gomez (CPSO# 94483)

1. Disposition

On November 23, 2016, the Inquiries, Complaints and Reports Committee ("the Committee") required Dr. Gibbons Gomez to appear before a panel of the Committee to be cautioned with respect to his clinical assessment and management of a patient. On occasion, the Committee asks physicians to review literature relevant to a particular issue, and to submit to the Committee a written summary of what they have learned. In this case, the Committee required Dr. Gibbons Gomez to review current literature on fever in immune-compromised patients such as those with myelodysplastic syndrome and to submit to the College a two to four page written report.

2. Introduction

A family member of a patient complained to the College regarding the care that Dr. Gibbons Gomez provided to the patient when the patient presented to the Emergency Room with symptoms including headache, swelling, fever, shortness of breath, and right-sided facial pain. Specifically, she was concerned that Dr. Gibbons Gomez failed to perform a complete assessment of the patient and order appropriate diagnostic tests, ignored the excruciating pain that the patient was in, and discharged the patient without providing appropriate treatment.

Dr. Gibbons Gomez responded that the patient was terminally ill and only wanted palliative care. He indicated that it was also the patient's wish to return home and not be admitted to the hospital. He therefore did a brief neurological examination, but did not think further work-up was needed. Dr. Gibbons Gomez stated that he thought it best to try the patient on oral analgesics at the ouset. He offered intravenous opioids and scheduled the patient to undergo a CT scan in the morning. He ordered the CT scan as a verbal order before seeing the patient, since the patient was tachycardic and had a central line and he wanted to rule out a pneumothorax. According to Dr. Gibbons Gomez, the patient declined the CT scan and indicated that she was going home. Since the patient had no neurological findings and had undergone a CT scan just two days before (and was diagnosed with sinusitis for which she was prescribed analgesics and antibiotics), he did not question the patient's refusal of the CT scan or her choice to leave the hospital.

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 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 on the College's website at www.cpso.on.ca, under Policies & Publications.

4. Committee's Analysis

Dr. Gibbons Gomez states he did not think a work-up was needed as the patient was palliative. From the Committee's perspective, this demonstrates poor clinical judgment and is unacceptable. Even if a patient wants comfort care, the Committee still expects physicians to do a full work-up, including ordering tests and investigations to ascertain the cause of the patient's symptoms. Some palliative care patients may contract infections that are not necessarily a death sentence.

There is no indication in the record that Dr. Gibbons Gomez performed an adequate assessment. While Dr. Gibbons Gomez acknowledges that his medical records are not very "comprehensive", the Committee relies on the record as being an accurate reflection of a physician's management. Dr. Gibbons Gomez's records in this case are not only overly brief but they are also illegible. There is no indication that the patient refused a repeat CT scan as Dr. Gibbons Gomez claims. Not only is there no record of Dr. Gibbons Gomez ordering a repeat CT scan for the patient, there is no record that he discussed the scan with the patient or that she refused to undergo it. The Committee notes that the medical records simply do not support his version of events.

In the Committee's view Dr. Gibbons Gomez was not controlling the patient's pain very well, despite the fact that he indicated that pain control was his primary objective in this patient's case. It seems evident that intravenous Dilaudid 2 mg was an insufficient dosage of analgesics given Dr. Gibbons Gomez's statement that near the end of his shift the patient had not improved.

In the Committee's view, Dr. Gibbons Gomez's discharge of this patient was not approrpriate, and the medical record reflects that the patient was "non-receptive and refused to be discharged". This contradicts Dr. Gibbons Gomez's assertion that the patient did not wish to be admitted. It seems clear to the Committee from the records that admission was the patient's preference.

The Committee notes that, hours after Dr. Gibbons Gomez discharged the patient, she was taken to another hospital, where she was admitted, which suggests that the patient should not have been discharged from the hospital. Ultimately, Dr. Gibbons Gomez should have admitted the patient for treatment; the same treatment that she received from elsewhere almost 12 hours later.

Overall, Dr. Gibbons Gomez failed to diagnose the patient and offer appropriate treatment. His differential diagnosis should have included an intracranial bleed due to coagulation and/or infection due to white cell deficiencies and/or complications of steroidal medications she was on. His treatment should have at a minimum included starting the patient on intravenous antibiotics.

An aggravating factor in this case was that the Committee had already cautioned Dr. Gibbons Gomez with regards to his failure to assess and diagnose a patient with an evolving stroke.