

SUMMARY

DR. BAHMAN TORKIAN-VALASHANI (CPSO #84813)

1. Disposition

On February 18, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered family physician Dr. Torkian-Valashani to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Torkian-Valashani to:

- Discuss the assessment, diagnosis and treatment of sudden hearing loss with an ENT colleague and then within two months provide a written report, 2-4 pages in length, on the assessment, diagnosis and treatment of sudden hearing loss and the appropriate documentation of same;

2. Introduction

A patient expressed concern about that Dr. Torkian-Valashani failed to provide appropriate care when she presented to him with sudden hearing loss in her left ear, resulting in permanent deafness. She complained that Dr. Torkian-Valashani failed to properly examine her ear and, though he found no sign of infection, prescribed a 10-day course of Amoxil.

The patient experienced sudden unilateral hearing loss in November 2014. She attended an urgent care centre where Dr. Torkian-Valashani diagnosed her with labyrinthitis and prescribed antibiotics.

When she had not improved after four days, the patient went to another urgent care centre and the physician there told her to stop the antibiotics.

The patient’s family physician referred her to an otolaryngologist in April 2015. The otolaryngologist diagnosed the patient with acute idiopathic sensorineural hearing loss. He told her that there had been a 48-72 hour window of opportunity to treat the ear with antivirals and/or steroids when the sudden hearing loss first occurred.

Dr. Torkian-Valashani informed the College that his clinical diagnosis was labyrinthitis with some sort of eighth nerve involvement, likely due to an infectious/inflammatory process or a tumour. Labyrinthitis is viral but he was unsure as to the cause of the sudden unilateral deafness so he suggested a trial of a course of antibiotics, as well as Gravol for dizziness.

3. Committee Process

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, as well as College policies and relevant legislation.

4. Committee's Analysis

The Committee was concerned that Dr. Torkian-Valashani failed to properly assess the patient's hearing loss once he decided on a diagnosis of labyrinthitis. His ability to correctly diagnose the patient may have been complicated by his understanding that the patient was experiencing dizziness, though in her correspondence to the College, the patient denied that she reported dizziness. The Committee felt that Dr. Torkian-Valashani's documentation, which consisted of circled terms on a template, while not inappropriate, may have led to his collecting an inaccurate history.

The confusion about dizziness notwithstanding, the Committee found it concerning that Dr. Torkian-Valashani did not use the Rinne and Weber tests to discern between conductive and sensorineural hearing loss, especially as the external canal and ear drums had been normal upon examination. Dr. Torkian-Valashani did not appear to consider an urgent audiogram and tympanogram for the patient, which many family physicians will perform in their office at the same appointment.

It was also concerning to the Committee that Dr. Torkian-Valashani prescribed an antibiotic despite the fact that the ear examination was normal. Furthermore, he continued even in retrospect to defend his care of the patient though he neglected to provide the appropriate treatment or referral to help her to avoid permanent hearing loss.

On the basis of the above, the Committee decided that Dr. Torkian-Valashani required specified continuing education in the treatment of sudden hearing loss and the appropriate use of Amoxil.