

SUMMARY

DR. COMPEAU (CPSO# 59320)

1. Disposition

On December 11, 2015, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered Thoracic and General Surgeon Dr. Compeau to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Compeau to:

- Review the literature related to accepted criteria used to determine patient readiness for discharge from hospital, and the assessment of post-discharge care needs and guide to mobilization of community resources.
- Provide a written report of the literature and reflection on patient education detailing follow up and accessing care post discharge, with a reference of how it is applicable to Dr. Compeau’s situation.

2. Introduction

A patient complained to the College about Dr. Compeau’s care during and after a second Nissen fundoplication surgery at Hospital A. The second surgery led to an esophageal leak and the need for emergency surgery. Two days after discharge from Hospital A, the patient was admitted to Hospital B; during the two-week admission the patient required ongoing fluid replacement and a feeding tube.

The patient complained that Dr. Compeau used a laparoscopic approach for the second surgery, when the patient consented to an open procedure only, and that Dr. Compeau performed the surgery incorrectly leading to postoperative complications. When complications occurred, the patient felt forced to consent to an emergency procedure. The patient also told Dr. Compeau not to involve another physician, yet that physician was involved in the emergency surgery. Dr. Compeau also did not inform the patient that he was going on holidays or transfer care, instead he inappropriately discharged the patient.

3. Committee Process

A Surgical 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 found that it was reasonable for Dr. Compeau to conduct the second surgery with a laparoscopic method and it was evident that the patient provided informed consent to that approach, with the possibility of conversion to an open procedure. The Committee had no concerns about Dr. Compeau's execution of the surgery, even though the patient experienced a known complication (an esophageal leak). The Committee's only concern regarding the second procedure was the operative note, which was overly brief and missed important details. The Committee issued advice to Dr. Compeau to ensure he documents thoroughly in the operative record, particularly in complex cases.

Once the leak was identified, Dr. Compeau responded appropriately and in an urgent manner. He involved a colleague in the surgery, which was reasonable for emergency surgery and there was no information before us to indicate that the patient had informed Dr. Compeau that they did not want this surgeon involved. The Committee is satisfied that Dr. Compeau had the informed consent of the patient for the urgent procedure.

The Committee's main concern in this case was that Dr. Compeau discharged the patient rather than transferring care to a colleague. Around the time of discharge, the patient had multiple drains in place and was still unable to eat or drink. The fact the patient was not ready for discharge was also supported by her admission only two days later to another hospital. The patient required ongoing fluid replacement and a feeding tube, and was admitted for two weeks.

Dr. Compeau's decision to discharge the patient showed poor judgement and placed the patient's life at risk. As a result, the Committee requires Dr. Compeau to complete education regarding patient readiness for discharge.