

SUMMARY

DR. RONALD BHORNDHAL SORENSEN (CPSO# 30034)

1. Disposition

On October 3, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required urologist Dr. Sorensen to appear before a panel of the Committee to be cautioned with respect to full and appropriate communication with patients about their condition and risks and benefits of treatment options, in order to ensure the patient's informed consent.

2. Introduction

A family member of the late Patient complained to the College that Dr. Sorensen failed to explain ongoing management of care with respect to the Patient's nephrostomy tube and its infection; failed to tell the Patient that he had urosepsis; failed to prevent pain while packing the wound where the nephrostomy tube was located; failed to inform the Patient and his family that the Patient had cancer and was dying; failed to provide treatment options regarding the management of the Patient's cancer; failed to explain why stool was coming out of the nephrostomy; and had a poor attitude and was difficult to talk to.

3. Committee Process

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

4. Committee's Analysis

The IO provider retained by the College opined that Dr. Sorensen did not meet the standard of practice, and displayed a lack of judgement in that he prescribed the Patient a complicated cancer therapy (BCG immunotherapy) when the Patient had a history of BCG toxicity and there

was no cancer diagnosis. Dr. Sorensen also retained a urologist to review the case. That urologist concluded that the Respondent exercised reasonable clinical judgement in treating the Patient for urinary tract urothelial cancer as it is difficult to obtain a definitive diagnosis, and it is not below the standard to treat a patient for this cancer if the imaging findings are concerning.

The divergent opinions of these two experienced urologists show that whether it is appropriate or inappropriate to utilize a nephrostomy tube for irrigation with BCG proximal to the suspected tumor depends on the pathology of a positive tissue diagnosis, or lack of pathology. In the end, the Committee cannot determine whether the BCG was responsible for the Patient's deteriorating course. Given the variation of expert opinions on this treatment, it is not for the Committee to decide this aspect of the care one way or the other; rather, urology experts will continue to research and refine the debate on this topic.

The Committee, however, can decide on the issue of whether the Patient was fully informed of the complexity of the case and why the nephrostomy tube was being used for instillation of his chemotherapy treatment. It was clear to the Committee that the Patient had no idea why his treatment was proceeding in this manner. It was also clear that the family (and probably the Patient) had no idea of the nature of the tumour, if indeed it was even present. It appears that the family believed that the Patient died of metastatic urothelial cancer in a palliative treatment modality, even though there was no confirmed diagnosis of this, or even any confirmation that he had a tumour present in his upper urinary tracts at any time.

The Committee viewed this as a major deficiency in Dr. Sorensen's communication with the Patient. Issues raised here about Dr. Sorensen's communication with the Patient and his family are similar to some of the complaints Dr. Sorensen had had in the past. Further, Dr. Sorensen has had both clinical concerns and record-keeping issues result in the Committee issuing him written and verbal cautions, along with a previous specified continuing education or remediation program (SCERP) and an undertaking regarding his clinical care and

communications. The Committee's concerns about communication in this case, including communication related to consent, and this recurrent problem with his communications led to its issuing this caution.

With respect to the concern about pain while packing the nephrostomy wound, the Committee noted that it was unable to determine from the medical record whether the patient experienced and/or communicated pain, so took no further action on this concern.

With respect to the concern about communication related to sepsis, the Committee noted that no sepsis was ever identified in the cultures obtained, so we would not have Dr. Sorensen to communicate about sepsis, and did not take any further action on this concern.