

## SUMMARY

### Dr. Walid Al-Houssan (CPSO# 85716)

#### 1. Disposition

On February 15, 2018 the Inquiries, Complaints and Reports Committee (the Committee) ordered Dr. Al-Houssan (Family Medicine) to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Al-Houssan to:

- Attend and successfully complete the next available session of the Medical Record-Keeping Course offered by the University of Toronto and provide proof of completion
- Review the College's policy, *Medical Records* (#4-12) and provide a written summary of the policy two to four pages in length with reference to current standards of practice, how they are applicable to Dr. Al-Houssan, and how he plans to change his practice
- Practice under a Clinical Supervisor that is acceptable to the College for six months; and
- Undergo a reassessment of his practice by an assessor selected by the College approximately six months after Dr. Al-Houssan's completion of the education program

#### 2. Introduction

A patient complained to the College that Dr. Al-Houssan initially refused to renew his blood pressure medication when he (the patient) could not remember the name of it, refused to address his sinus condition, indicating that there was only one issue per visit, and did not review his medical records.

Dr. Al-Houssan said that when the patient asked for the name of the blood pressure medication the patient advised him that he was unable to remember what the medication was called. According to Dr. Al-Houssan, the patient was also unable to provide the name/contact number of his family physician so that he could find out what medication the patient had been taking. Dr. Al-Houssan said that, while the patient advised him that the information was in his records, he did not have access to the patient's full medical record as the patient was a walk-in patient.

Dr. Al-Houssan indicated that towards the end of the appointment, when the patient recalled that the name of the medication that he took to manage his blood pressure started with “peri”, he realized that the patient was taking Perindopril, and so he provided the prescription for it. Dr. Al-Houssan said that the patient never mentioned that he had symptoms of a stuffy nose and that, when he performed a physical examination, he did not notice any signs of sinusitis. Dr. Al-Houssan denied telling the patient that his policy is to address only one issue per visit.

### **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. 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.cpso.on.ca](http://www.cpso.on.ca), under the heading “Policies & Publications.”

### **4. Committee’s Analysis**

The Committee was satisfied that although there was initially some uncertainty regarding the name of the medication that the patient was taking to manage his blood pressure, this was ultimately resolved and Dr. Al-Houssan did renew the Perindopril prescription for the patient.

The Committee was unable to ascertain whether the patient reported having sinus problems given the quality of Dr. Al-Houssan’s medical records, which were extremely hard to interpret. The Committee noted that there is no record of the patient having reported sinus problems. The Committee generally relies on a contemporaneous record as reflecting what occurred, given that it is a legal document that is made at the time and as such is presumptively reliable. In this particular case, however, the poor quality of the record called into question its reliability. The Committee noted that Dr. Al-Houssan prescribed the patient Flonase (i.e. nasal steroid) which suggests there was some mention during the appointment of nasal or sinus symptoms.

The Committee likewise could not tell whether Dr. Al-Houssan has a one issue per visit policy. Although the fact that he prescribed the patient nasal spray and blood pressure medication did suggest to the Committee that he did address more than one concern during the appointment, we were unable to tell exactly what was said between the parties during the encounter that day in the absence of independent information to corroborate either party's version of events. While the Committee had no information to corroborate the patient's allegation in this regard, it noted that it is inappropriate for physicians to have a "one issue per visit" rule in their clinics.

The Committee accepted Dr. Al-Houssan's reason for not having access to the patient's records, i.e. it would not expect a clinic that was unaffiliated with the patient's family physician to have had the patient's full medical record in its possession and available for Dr. Al-Houssan's review.

The Committee was extremely troubled by the poor quality of Dr. Al-Houssan's medical records. The medical record is a document that is meant to record all of the events and the decisions that assist physicians in managing a patient's medical care, and we expect physicians to be familiar with all of the prescribed components of medical records, which components are described in sections 18 and 19 of Ontario's Regulation 114/94, under the *Medicine Act, 1991*. As noted in the College's policy statement on medical records, detailed and complete records are a crucial component of good care and measures of the quality of care a patient receives.

The Committee found that the documented history in this case too brief, hence inadequate. There is no record at all of when the patient started Perindopril to manage his blood pressure, nor is there any documentation as to whether the patient had co-morbid clinical conditions. There is a paucity of information in the record as to Dr. Al-Houssan's findings on examination, and the information that he did document is extremely difficult if not impossible to understand. While he did document a blood pressure reading, he did not record a weight measurement. Further, the physical examination seems to have been limited to a heart and neck examination; however, the record merely indicates "Skin: no legs", which is completely incomprehensible.

There is also no commentary or even notation in the medical record pertaining to the discussion that Dr. Al-Houssan claims that he had with the patient regarding medication. Overall, the Committee found Dr. Al-Houssan's record of his visit with the patient unacceptable and noted that it did not convey the patient's story, which is what the record is intended to do.

The Committee noted that the College invited Dr. Al-Houssan to comment on his records however, Dr. Al-Houssan elected not to respond to the College investigator's correspondence. Although he did not have a legislative obligation to respond to the letter the investigator sent, the Committee was very disappointed in Dr. Al-Houssan's decision not to provide a response. In the Committee's view, this reflected a lack of insight into his deficiencies and poor judgment. The Committee expects physicians to respond to any/all inquiries they receive from the College, in the interests of professional self-regulation and to ensure the best quality of patient care.