

SUMMARY

DR. RAJIV MAINI (CPSO# 94649)

1. Disposition

On July 20, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered Ophthalmologist Dr. Maini to appear before a panel of the Committee to be cautioned with respect to providing patients with full, accurate, relevant information to allow patients to make an informed decision regarding surgery.

2. Introduction

The patient complained to the College that Dr. Maini informed her she had bilateral cataracts needing surgery and that he offered optional non-OHIP covered surgical upgrades at a cost of up to \$5600. The patient reported that an ophthalmologist whom she attended for a second opinion stated she did not need surgery. The patient also raised concerns about the communications of Dr. Maini and of his staff.

Dr. Maini responded that he provided the patient with information about her visual acuity, and recommended surgery. He added that it is his practice to specifically indicate that it is always the patient's decision to proceed with surgery, irrespective of their visual acuity.

With respect to the communications concerns, Dr. Maini denied using phrases that would imply privately-paid intraocular lenses are preferable to OHIP-covered lenses, and stated that his staff are known for their caring and polite communications. He apologized for any perception to the contrary.

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. 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, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee took no further action on the communications concerns as it was not in a position to determine the nature of communications with no information other than the parties' written accounts of events.

In regards to the surgery recommendation, the Committee noted that Dr. Maini informed the patient that her respective visual acuities were 20/60 and 20/80, and that both of those results were below the level required for a driver's licence. While Dr. Maini may have added that the final decision was the patient's to make, the Committee was not convinced that the patient had enough accurate information upon which to base a decision. Taking into account the subsequent and much less concerning measurement of visual acuity from the second ophthalmologist, it did not appear that the patient had the full and accurate information needed during her visit with Dr. Maini to make an informed decision about proceeding with surgery.

Similarly, with respect to the discussion of non-OHIP covered surgical upgrades, the Committee again noted that in order for patients to make an informed decision about whether to use non-OHIP surgical upgrades, they must have accurate information about the condition of their eyes and their vision. This is a key element of informed consent. As noted, the Committee was not certain that the information Dr. Maini provided the patient about her visual acuity was accurate. Further, according to Dr. Maini, the patient was offered the astigmatism reduction package and, again, it was not apparent to the Committee that the patient's astigmatism was at a level to justify an astigmatism reduction package. It is not clear from the documentation why Dr. Maini would have suggested it to this patient.