SUMMARY

DR. CHIEN CHUANG LI (CPSO #69174)

1. Disposition

On February 18, 2016, the Inquiries, Complaints and Reports Committee ("the Committee") ordered family physician Dr. Li to complete a specified continuing education and remediation program ("SCERP"). The SCERP requires Dr. Li 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 that Dr. Li 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. Li did not properly diagnose her ear problem, and instructed her to stop taking the antibiotic another physician had prescribed,

The patient experienced sudden hearing loss in November 2014 and attended at an urgent care centre. The physician examined her ear and found no sign of infection, but prescribed a 10-day course of Amoxil.

When she had not improved after four days, the patient went to another urgent care centre where Dr. Li assessed her. Dr. Li told her to stop the antibiotics and diagnosed her with labyrinthitis. He told her an ENT referral was not warranted.

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. Li informed the College that referral for an urgent ENT assessment is not a standard of practice for a patient with a short duration of hearing loss.

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 considered it appropriate that Dr. Li told the patient to stop taking the antibiotics, as he recognized that there was no reason to suspect a bacterial cause for the patient's acute deafness.

The Committee was concerned that Dr. Li 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 inaccuracy of the diagnosis should have been apparent to Dr. Li, as he documented that the hearing loss was acute, which is inconsistent with labyrinthitis.

Though the Committee acknowledged that acute idiopathic sensorineural hearing loss was a difficult diagnosis to make, it felt that Dr. Li should at least have understood the need to conduct an adequate assessment and refer urgently. Adequate assessment would have involved Rinne and Weber testing to discern between conductive and sensorineural hearing loss, particularly when the external canal and ear drums are normal. Dr. Li should also have considered an urgent audiogram and tympanogram for the patient. These are tests that many family physicians will perform in their office at the same appointment.

Time is of the essence in cases of acute idiopathic sensorineural hearing loss and Dr. Li missed the opportunity to prescribe steroids, which are usually safe and beneficial, and to provide the urgent ENT referral the patient requested to assist her in warding off permanent hearing loss. It

was disturbing to the Committee that Dr. Li continued, even in retrospect, to defend his care of this patient.

On the basis of the above, the Committee concluded that Dr. Li would benefit from education on the treatment of sudden hearing loss and the appropriate documentation of this condition.