

SUMMARY

DR. ANIS AZIZ (CPSO #94224)

1. Disposition

On August 17, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required urologist Dr. Aziz to appear before a panel of the Committee to be cautioned with respect to management of the role of anemia, indications for transfusion in high-risk patients, and physiological response to hemorrhage.

The Committee also requested that Dr. Aziz provide the Committee with a written report, approximately two to four pages in length, on these topics.

2. Introduction

A family member of the patient complained to the College that Dr. Aziz assured her that her late husband would receive a pre-operative blood transfusion, concurred with another physician to cancel the blood transfusion, and discharged her husband from the hospital with a hemoglobin level of 74 g/L.

Dr. Aziz responded that there was no immediate need for transfusion because the patient was hemodynamically stable. He disagreed that it was improper to have discharged the patient from hospital with a hemoglobin level in the low 70s. The patient was no longer bleeding from the surgical site, and the hemodilution was explainable as the patient had received intravenous fluids for the previous two days.

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

In the Committee's view, pre-operative transfusion was not indicated as the patient's hemoglobin was 92 g/L. In most centres, even a patient at high risk of cardiac complications would not be transfused with a hemoglobin level above 90.

The Committee was satisfied that Dr. Aziz managed the issue of transfusion in a professional manner by having a reasoned discussion with the anesthesiologist about the risks and benefits of transfusion therapy, given the risk of congestive heart failure and pulmonary edema during the procedure.

While the Committee had no concerns with the Respondent's decision not to transfuse pre-operatively and to proceed with surgery when the patient's hemoglobin was 92 g/L, we considered it inappropriate that Dr. Aziz discharged the patient when his hemoglobin level was 74 g/L. This was a patient with a known cardiac risk (his ejection fraction was only 30 per cent at its best), and careful monitoring of the hemoglobin level and cardiac status was warranted.

The nursing staff did indicate that the patient was asymptomatic prior to discharge, but there is no indication he had undergone a thorough cardiac evaluation after the stress of the bleeding complication and may have had evidence of ongoing ischemia. It is not clear whether the patient had troponins in the morning before discharge or a 12-lead EKG.

Dr. Aziz had opportunities to avoid discharging the patient inappropriately. Firstly, he was alerted to the patient's blood sugar level, which was markedly above normal. Dr. Aziz simply ordered additional insulin and eventually allowed the discharge. Dr. Aziz also learned that the

patient's hemoglobin level was well under the original threshold for transfusion. He should have inquired about the patient's heart rate, blood pressure and syncope before approving the discharge.

The Committee was further concerned by Dr. Aziz's apparent lack of knowledge on the physiology of hemorrhage. A drop in hemoglobin takes hours to equilibrate and yet Dr. Aziz considered the drop simply secondary to intravenous fluids and did not appear to appreciate the major stress this would cause a cardiac patient. Rather than make a presumptive diagnosis that the low hemoglobin was due to the intravenous fluids, Dr. Aziz should have recognized the significance of the drop and investigated appropriately.

In light of these concerns about Dr. Aziz's care in this matter, the Committee considered the verbal caution to be warranted.