

## SUMMARY

### **Dr. Derek William Nicholas Shilletto (CPSO# 63213)**

#### 1. Disposition

On August 12, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required obstetrician-gynaecologist Dr. Shilletto to appear before a panel of the Committee to be cautioned with respect to assessment of fetal heart rate (FHR) tracing, thorough assessment of when it is appropriate to undertake artificial rupture of membranes (ARM) in a pregnant patient, to institute epidural or to institute Oxytocin, and with respect to taking responsibility for exploring systems-related issues related to adequacy of physician staffing on the unit.

#### 2. Introduction

A patient and her husband complained to the College about the intrapartum care which Dr. Shilletto had provided to the patient, which resulted in a stillbirth at term. Specifically, they were concerned that Dr. Shilletto delayed in responding to concerns during the labour and in proceeding with a Cesarean (C-) section.

Dr. Shilletto responded that his decision to defer ARM was justified, and that his management of the patient (including when he decided to proceed with a C-section) was appropriate and timely.

An Obstetrics and Gynaecology 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.”

#### 3. Committee’s Analysis

The Committee members reviewed the FHR tracing at its meeting and concluded that there were worrisome abnormalities present in the FHR tracing from the time of the patient’s admission, with some episodes of serious concern (sinusoidal patterns). The Committee therefore questioned Dr. Shilletto’s judgment in delaying ARM. ARM would have been appropriate at an

earlier point during the labour, and the discovery of thick meconium might have resulted in earlier action in proceeding to C-section. The Committee further questioned Dr. Shillette's decision to institute Oxytocin augmentation very soon after a significant FHR deceleration, particularly since he was the only obstetrician-gynaecologist working at that time, and knew the unit had other patients requiring his attention. Another point of concern for the Committee was that the decision not to expedite the C-section led to proceeding with an epidural, with the attendant possibility of post-epidural hypotension.

The Committee was troubled to note that, even knowing the outcome and after time for reflection, in responding to this complaint, Dr. Shillette missed an opportunity to demonstrate insight, maintaining that "there were no indications that would have prompted me to recommend earlier intervention."