**SUMMARY**

**DR. CAROLINE MICHELE MEYER (CPSO# 64988)**

## 1. Disposition

On November 1, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required Dr. Meyer (Family Medicine) to appear before a panel of the Committee to be cautioned with respect to the management of hemodynamically unstable patients who have a history of alcohol excess and present with atrial fibrillation. The Committee also asked Dr. Meyer to submit a written report on this same topic.

## 2. Introduction

The College received information raising concerns about the quality of care Dr. Meyer had provided to a patient in a hospital Emergency Room setting, specifically related to the patient's discharge while they were hemodynamically unstable. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a review of Dr. Meyer's management of the index case.

## 3. Committee Process

As part of this investigation, the Registrar appointed a Medical Inspector (MI) to review the patient's records from the index case and submit a written report to the Committee.

The Family Practice Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the investigation. 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 MI was of the opinion that Dr. Meyer did not meet the standard of practice of the profession, in that she should have recognized that measures to address the patient's hypotension had not been successful and that further intervention, consultation and/or admission was required. The MI was of the view that Dr. Meyer's care displayed a lack of judgement, and the patient should not have been discharged. Based on review of the single chart, the MI opined that if these same factors presented themselves again in the same manner and similar decisions were made, then Dr. Meyer's clinical practice could put other patients at risk of harm or injury.

Dr. Meyer responded that she did consult with a cardiologist, who felt the patient likely had alcoholic cardiomyopathy and recommended discharging the patient on a beta blocker and ordering an urgent echocardiogram. According to Dr. Meyer, the cardiologist also indicated that they would see the patient in the following few days. Dr. Meyer said she did not receive certain nursing notes, and the last report she had before discharge about the patient was positive. Dr. Meyer said she had reflected upon this case and her role.

Dr. Meyer submitted an independent opinion from a family physician who agreed that Dr. Meyer's decision to discharge the patient was an error in judgement, but that her acute medical management of the patient did not show a lack of skill or knowledge. The independent opinion provider did not agree that Dr. Meyer's care for the patient implied she would pose a risk of harm to future patients.

The Committee shared the MI provider's view that Dr. Meyer's management of this case was concerning. While acknowledging that Dr. Meyer did consult a cardiologist who recommended discharging the patient, the Committee was nevertheless concerned that she made the decision to discharge the patient in the clinical circumstances of this case. The Committee noted that while it is routine for Emergency Room physicians to consult specialists, in the end a patient's management and disposition is the responsibility of the most responsible physician, and this

patient was hemodynamically unwell to an extent that they should have remained in the hospital for further observation and investigation. The Committee was concerned that Dr. Meyer focused on the patient's heart and their atrial fibrillation, without thinking about the potential cause of the atrial fibrillation. The Committee was of the view that Dr. Meyer did not consider a well-thought-out differential diagnosis. The Committee also noted that most physicians would return to see a patient such as this, or ensure that nurses review the patient's ambulatory and symptomatic status right at the time of discharge; as it was, the patient was discharged while still exhibiting concerning symptoms.

In the end, the Committee was sufficiently concerned about Dr. Meyer's approach to the patient's care that it decided to require her to attend for the caution as set out above, and it asked her to submit a written report.