

SUMMARY

DR. ROBERT WOODALL (CPSO# 70100)

1. Disposition

On June 9, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required emergency physician Dr. Woodall to appear before a panel of the Committee to be cautioned with respect to his assessment and management of a patient presenting with protracted symptoms despite treatment.

2. Introduction

A deceased patient’s family member complained to the College about the care that Dr. Woodall provided to the patient during an emergency room (ER) attendance. The 19-year-old patient attended the ER with symptoms of ongoing headaches and vomiting and reported that he was unable to keep down any food, liquids or medication. The patient had attended another ER three days earlier, where he was diagnosed with mono and strep throat and discharged home with antibiotics. He had also previously attended a walk-in clinic and been provided with a course of antibiotics for strep throat, which had not resulted in any improvement. Dr. Woodall confirmed a diagnosis of infectious mono and strep throat and discharged the patient home on intravenous (IV) antibiotics, IV fluids (to treat dehydration secondary to vomiting), and IV Gravol. The patient returned to the ER a few days later, and sadly, passed away shortly after admission. An autopsy revealed encephalitis (swelling of the brain).

The patient’s family expressed concern that Dr. Woodall did not diagnose and treat the underlying cause of the patient’s symptoms, that he focused only on strep throat/mono, that he failed to keep the patient in the ER longer to ensure that he could tolerate fluids before his discharge, and that he documented that the patient had not vomited while he was in the ER when in fact a family member informed Dr. Woodall that the patient had vomited.

Dr. Woodall stated that he performed a complete history and physical examination and ordered appropriate investigations (which in his view did not include an MRI, which the family stated they requested). He maintained that he did not focus only on strep throat and mono, and advised that he considered the possibility of other diagnoses as well, as indicated by his clinical

examination and laboratory investigations. Dr. Woodall stated that he was not aware that the patient vomited in the ER, but noted that even if this had been brought to his attention it would not have changed his management plan, which was to discharge the patient home on IV medications and fluids, with which the family agreed. He maintained that his care was appropriate, including his decision to discharge the patient (as in his judgment there was no indication for admission or a longer stay in the ER), and that there was no way to predict the patient's rapid deterioration a few days later.

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. 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 stated that it shared the family's concern regarding Dr. Woodall's management of the patient, and expressed the view that it was inappropriate for Dr. Woodall to discharge the patient home in the circumstances.

The Committee concluded that Dr. Woodall focused solely on the strep throat and symptom relief, rather than ensuring a full assessment.

The Committee stated that a patient who presents with persistent, progressive symptoms of headache and vomiting for four weeks, who is unable to tolerate any fluids or medications at home, who is too weak to get out of bed, and who has completed a previous full course of antibiotics and has already failed one discharge from the ER, needs admission to hospital for further work-up and inpatient management.

The Committee was troubled by Dr. Woodall's diagnosis of persistent strep throat despite the patient's lack of response to appropriate treatment for ten days with antibiotics and lingering symptoms for four weeks. The Committee was also concerned about Dr. Woodall's decision to

treat the patient with IV antibiotics at home. In the Committee's opinion, if a previously healthy 19-year-old requires treatment with IV antibiotics, IV fluids, and IV antiemetics for unrelenting symptoms, admission to hospital is indicated.

The Committee indicated that it would expect a prudent physician in such circumstances to be concerned about a serious underlying illness. The Committee noted that if Dr. Woodall had appropriately reflected on a broader differential diagnosis, including a central nervous system (CNS) infection, he would have considered further investigations and consultation with a specialist. While the Committee would not necessarily have expected Dr. Woodall to have made the diagnosis of encephalitis in the ER, it did feel that he should have had a much broader differential diagnosis in mind and understood the need for a much more thorough assessment in this case.

In terms of the patient's ability to tolerate fluids, the Committee noted that there were discrepancies in the record, with nothing in the nursing notes on this issue. The Committee also saw no documentation of pre-discharge vital signs or mental status examination, and no mention as to whether the patient was able to ambulate by himself pre-discharge. The Committee was concerned about Dr. Woodall's statement that it would not have changed his management if he had been aware that the patient vomited in the ER, as the Committee felt this would have demonstrated one more reason to admit the patient for further assessment.

The Committee was troubled that despite having had the opportunity to reflect on the care that he provided in this very tragic case, Dr. Woodall continued to demonstrate a lack of insight into the deficiencies evident in his care.