

SUMMARY

Dr. Wameed Ateyah (CPSO# 81914)

1. Disposition

On February 21, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered Dr. Ateyah (Family Medicine) to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Ateyah to:

- review the College's policy on *Maintaining Appropriate Boundaries and Preventing Sexual Abuse*, as well as review Clinical Practice Resources and other self-study, and
- to include a written summary of the documents with reference to current standards of practice (where applicable), how they are applicable to Dr. Ateyah's situation, as well as how Dr. Ateyah has made, or plans to make, changes to his practice.

2. Introduction

A patient complained to the College that during an appointment on May 2, 2016, Dr. Ateyah put his hand down her pants to check her lymph nodes. She felt that this had inappropriate sexual connotations and was improper.

Dr. Ateyah denied that he acted in any sexually inappropriate manner towards the patient and explained that the examination was clinically indicated, based on the patient's presentation of week-long redness, rash and itchiness. He indicates that he examined the lymph nodes based on the concern about infection, but did not find them enlarged, and that there was never any contact with the patient's genitals. Dr. Ateyah explained his usual practice for palpating a patient's lymph nodes, including that he would advise the patient that he would be conducting such an examination before proceeding and explain the purpose and nature of the examination. He also advised that the examination does not require the patient to undress, and that he would ask the patient to unbutton or lower their pants or clothing to the pubic bone, if necessary, to expose the lymph node area (the underwear would not be lowered or removed and the genitals would never be exposed). Through his counsel, Dr. Ateyah provided an opinion report from a family physician who felt that Dr. Ateyah's history and examination in this case

were appropriate. The physician noted that it is important to observe the rash and other areas of the skin to fully understand the extent of the condition, and that it is also important to assess the lymph nodes (including the inguinal lymph nodes) to rule out significant infection or internal illnesses that manifest as a rash.

3. Committee Process

A General 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 appreciated that the patient's concerns were significant and took them seriously. The Committee was satisfied that Dr. Ateyah's decision to perform the lymph node examination was appropriate, including for the reasons cited by the opinion report mentioned above. A complete assessment of a potentially infected skin lesion does include the adjacent lymph nodes. However, the Committee felt that Dr. Ateyah did not carry out the examination appropriately or use proper technique, and was concerned that the process Dr. Ateyah described (as noted above) leaves room for patients to misinterpret the examination. An adequate examination should never involve the physician putting their hand down a patient's pants from above. In the Committee's view, this was entirely inappropriate, and the Committee understood why the patient left the appointment with the impression that something was not right.

The Committee acknowledged that Dr. Ateyah denies ever touching the patient's genitals, and that the patient never stated that Dr. Ateyah touched her genitals at any time.

The Committee was concerned that Dr. Ateyah's records for the encounter were quite brief. While the medical record documents that Dr. Ateyah did examine the lymph nodes, he should have better described the rash/lesion, examination technique, and communications with the patient, including with respect to describing the examination and obtaining consent.

The Committee noted that Dr. Ateyah has a concerning history with the College. He has also been advised in a previous matter to be conscious of ensuring appropriate examinations of the groin area. Given this, the Committee would have expected Dr. Ateyah to have been more mindful of his technique and communication about the examination in this case, in order to ensure that the indicated examination was not misinterpreted as being of a sexual nature.

Based on the information before the Committee in the investigative record, they were of the view that Dr. Ateyah needs education regarding conducting an appropriate clinical examination of the abdomen and inguinal lymph nodes, with particular attention to proper draping technique in order to respect the privacy of patients, and that he should familiarize himself with relevant College policy. In addition, Dr. Ateyah needs to enhance his medical record keeping to ensure proper documentation of an appropriate clinical examination of the abdomen and inguinal lymph nodes, with particular notation of proper draping technique after explanation of the examination and obtaining of informed consent. Finally, Dr. Ateyah would benefit from education around communicating with patients about what an appropriate clinical examination of the abdomen and inguinal lymph nodes would involve.