

SUMMARY

Dr. Andre Pereira (CPSO# 82000)

1. Disposition

On December 15, 2017, the Inquiries, Complaints and Reports Committee (the Committee) ordered Dr. Pereira (Diagnostic Radiologist) to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Pereira to:

- practice under a Clinical Supervisor that is acceptable to the College for six months; and
- undergo a reassessment of his practice by an assessor selected by the College approximately six months following Dr. Pereira's completion of the education program.

2. Introduction

A patient complained to the College that Dr. Pereira failed to identify a finger fracture on the patient's x-rays.

Dr. Pereira responded that he did not see the fracture on first reading of the patient's x-rays, because the x-ray requisition noted a "wrist strain" and the images were focused on the wrist. He stated that the technician who did the x-ray had positioned an arrow on each of the films, which usually indicates where the patient has reported experiencing pain and/or discomfort, and that on the films the arrow was pointing at the patient's wrist, away from the hand bones. Dr. Pereira said that because the x-ray films were focused on the patient's wrist, not the hand the fracture was towards the very edge of the x-ray films and it was therefore not prominent. He stated that the fracture was also impacted, which made it subtle and prone to be missed.

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

The Committee noted that the x-ray showed a right fifth metacarpal fracture, which is apparent if one looks at the whole image and not just the part of the image that is focused on the wrist. The Committee did not accept Dr. Pereira's explanation that he missed diagnosing the fracture, because of the clinical history provided (i.e. that the patient only reported having "wrist pain") and because the image focused on and had an arrow pointing toward the patient's wrist. Irrespective of the clinical history of wrist pain and that the focus of the imaging on the wrist, had Dr. Pereira viewed the films in their entirety then the fracture should have been evident. The Committee expects diagnostic radiologists to take a holistic approach in interpreting x-rays.

Furthermore, it is clear the fracture was displaced and not impacted, as Dr. Pereira claimed. There is a significant degree of displacement on the x-rays that makes the fracture conspicuous. Based on the Committee's review of the x-rays, it is quite obvious that the bone is out of place. Missing an obvious fracture is something the Committee may have expected from a student, not a well-trained radiologist, who has completed several years of residency and fellowships.

Out-patient walk-in radiology clinics do not have the kind of backup that exists in hospitals (where there is an Emergency Room physician, and access to a surgeon and a fracture clinic) and are specifically designed for screening simple injuries, for example, metacarpal fractures, which in the majority of cases are quite easy to identify and do not necessitate emergency care. Given that there is no backup system in out-patient radiology clinics to catch missed diagnoses, it is absolutely critical that diagnostic radiologists be attentive when they are interpreting films, which means looking at all of the x-ray images, in their entirety, and with appropriate scrutiny.

Should a physician fail to diagnose a bone fracture by interpreting a patient's x-rays incorrectly then it can have serious repercussions in terms of how the patient's bone will set and heal. Should the patient's bone fail to heal properly, or should it heal in the wrong position, then the patient will usually experience prolonged pain and also possibly restricted movement, which can also lead to long-term problems of pain, limited function, and even permanent disability. On occasion, the patient might even require surgical intervention, in order to reset their bone. It is therefore especially important that physicians interpret a patient's x-ray films correctly. Failing to diagnose a fracture, particularly when the fracture is obvious, is a significant error.

The Committee noted that Dr. Pereira acknowledged that he missed diagnosing the fracture, and said that, when he realized his error, he immediately contacted the patient and apologized. The Committee noted, however, that Dr. Pereira called the patient to apologize for his error after he became aware that the patient had complained to the College, and not before that. The Committee emphasized that should a physician discover that he or she has made a mistake, then he or she has a professional responsibility to tell the patient about it in a timely manner.