SUMMARY

Dr. David Starr (CPSO# 52779)

1. Disposition

On October 12, 2016, the Inquiries, Complaints and Reports Committee ("the Committee") required Dr. Starr, a general surgeon, to appear before a panel of the Committee to be cautioned with respect to his assessment of rectal bleeding, especially in a patient who was specifically referred to him for an in-hospital colonoscopy because of comorbidities.

2. Introduction

A family member of a patient complained to the College that Dr. Starr failed to carry out an adequate assessment of the patient in that he failed to do an in-hospital colonoscopy as requested and then misdiagnosed the patient's colon cancer as hemorrhoids.

Dr. Starr responded that the colonoscopy request that he received from the patient's physician was for a "colonoscopy in a hospital setting if needed" as the endoscopist to whom the patient was first referred had outpatient endoscopy privileges but no hospital ones. The patient's main concerns when he saw him were rectal bleeding, pain, and urgency. The patient said he had a normal colonoscopy four years earlier to investigate similar symptoms and that in the past he had been treated with Proctofoam which resolved his bleeding. He examined the patient digitally and with a proctoscope and discovered hemorrhoids. Given the patient's hemorrhoids, the normal previous colonoscopy, and the success with Proctofoam, he believed a colonoscopy was risky because of the patient's renal failure and aortic valve disease. He told the patient he would see him again if his symptoms changed but that a colonoscopy would be safer after the patient's cardiac surgery. Had the patient mentioned anemia, he may have done a colonoscopy at the time.

3. Committee Process

An Internal Medicine panel of the Committee, consisting of both public and physician members, met in order 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 notes that the referring physician's letter indicated that the patient needed to be assessed for rectal pain and bleeding and needed to undergo a colonoscopy in a hospital "as soon as possible", as the patient was at high risk of undergoing the procedure in the outpatient clinic because of his multiple comorbidities. Dr. Starr says he thought that the procedure was too risky. The procedure was risky; this is why the referring physician requested that it be done in-hospital. A colonoscopy is a short procedure and it was a lapse in judgment for Dr. Starr not to do one.

Had Dr. Starr taken a full medical history, he should have realized a colonoscopy was indicated. His lack of awareness about the patient's iron deficiency, anemia, and the 2012 polyp removal suggests that his history taking as well as his laboratory investigations were incomplete. Moreover, patients who report having a history of rectal bleeding should undergo a colonoscopy. In the Committee's view, even if performing the colonoscopy procedure was too great a risk then Dr. Starr could have at the very least performed a sigmoidoscopy on the patient in his office. This would not have been ideal, but no sedation is needed and there were no contraindications.

In the Committee's view, it was also a mistake for Dr. Starr simply to assume that the patient had hemorrhoids without considering that the patient might have a more serious medical condition. A number of individuals in the patient's age group (i.e. 77 years of age) have hemorrhoids; however, one should not simply diagnose hemorrhoids without first ruling out other pathologies. When a patient has reported a longstanding history of rectal bleeding, pain and urgency, irrespective of whether Proctofoam has partially or even wholly relieved the patient's symptoms, physicians must look beyond a diagnosis of hemorrhoids and only diagnose this by exclusion. While Dr. Starr did do a proctoscopy, this would not have ruled out a more serious diagnosis.