

SUMMARY

DR. THERESA ANNAMARIE HEESE (CPSO# 90073)

1. Disposition

On September 13, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required Dr. Heese to appear before a panel of the Committee to be cautioned with respect to inadequate assessment of abdominal and rectal pain; failure to consider further investigations in light of mildly abnormal laboratory results; failure to provide sufficient discharge instructions; and lack of insight into the missed diagnosis in the index case; as well as unprofessional communication with the College and improper destruction of documents sent by the College.

The Committee also requested that Dr. Heese provide the Committee with a written report on standards of emergency medicine (including clinical assessment of patients with abdominal pain in an emergency room setting) as well as professionalism, approximately 2-4 pages in length, with respect to relevant Clinical Practice Guidelines and resources.

2. Introduction

A patient complained to the College that Dr. Heese failed to provide appropriate care and behaved in an unprofessional manner in a hospital Emergency Room (ER). Specifically, Dr. Heese: inappropriately dismissed the patient’s ongoing abdominal and rectal pain, and feeling of constipation, and instead repeatedly stated that the patient should have been taking pain killers rather than attending the ER; failed to adequately investigate the cause of the patient’s ongoing abdominal and rectal pain, and feeling of constipation; and behaved in an unprofessional, condescending and degrading manner.

Dr. Heese responded that: She found the patient to be sleeping peacefully rather than in pain. The patient’s completed laboratory tests were within normal range. Upon examination, the patient could not pinpoint the location of the pain. She [Dr. Heese] was unable to reproduce or

localize the pain, even with deep palpation. The patient did not report “constipation” nor is it mentioned in the triage note. Though the patient requested further investigation, she did not order any as she could not identify a clinical indication for further testing. She discharged the patient with instructions to seek further care if the symptoms changed or worsened. She denies communicating in a disrespectful or condescending manner. If a patient has not taken any painkiller, she suggests this option and educates patients about the safety and efficacy of over-the-counter pain medication.

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

Having reviewed the medical record, the Committee is concerned that Dr. Heese failed to perform and document a thorough physical examination of the patient. Dr. Heese did document perineal pain to “one finger palpation,” but then failed to conduct and/or document an internal examination to attempt to identify the location of the pain. Dr. Heese also did not document a thorough past medical history or history of presenting illness.

Dr. Heese noted in the chart, and in her response to the College, that the laboratory results were normal. However, according to the record, this patient’s leukocyte and neutrophil counts were elevated. The patient reported the pain as “unbearable”, and there is documentation of an elevated heart rate, as well as a slight fever by a triage nurse. Ultimately, Dr. Heese did not complete a thorough examination, reach a diagnosis, or explain why she did not order

additional investigations, and ultimately she missed the diagnosis of perineal infection, which was diagnosed a few days later.

Dr. Heese's documented discharge instructions consisted of "Ibuprofen." Dr. Heese and the patient both indicate that they discussed the use of painkillers rather than instructions on what symptoms to watch for and when to return to the ER. In the Committee's view, Dr. Heese should have documented more detailed instructions under the circumstances.

Though not documented in the chart, Dr. Heese and the patient indicate that the patient requested additional investigations. In our view, Dr. Heese should have documented this discussion and considered ordering additional investigations or, as noted above, provided clear instructions to the patient as to when to return to the ER.

With regard to the patient's concern about Dr. Heese communications, including referring to the patient as "you people" and stating that they should not run to the hospital every time they are in pain, Dr. Heese denies saying "you people," and indicates she did discuss taking over-the-counter pain medication but communicated in a respectful manner. The Committee is limited to a paper review of information and in cases where there is no independent information to support either party's version of events, as is the case here, the Committee is unable to take action other than to comment that physicians should communicate with patients in a respectful, empathetic and respectful manner.

The Committee was concerned that Dr. Heese failed to show insight into the deficiencies in the care provided to the patient and the fact she missed the diagnosis of perirectal infection. In addition, the Committee was concerned with Dr. Heese's e-mail to the College in September 2017, in which she used inappropriate and unprofessional language. Dr. Heese failed to recognize the physician's role and responsibility in medical regulation, destroyed the complaint letter, and more importantly did not show insight into the deficiencies in the care she provided

and the fact she missed the diagnosis, and how she might improve her practice, instead calling the complaint “ludicrous.”