SUMMARY

DR. GALINA PORTNOI (CPSO #81886)

1. Disposition

On September 14, 2017, the Inquiries, Complaints and Reports Committee (the Committee) required family physician Dr. Portnoi to appear before a panel of the Committee to be cautioned with respect to her care and follow-up in regard to elevated PSA (prostate-specific antigen) levels and her communication with the patient and specialist in this case.

2. Introduction

A family member of a patient complained to the College that Dr. Portnoi failed to inform the patient of, and follow up on, abnormal blood results (specifically, PSA results) in 2015 and 2016, which led to a late diagnosis of prostate cancer. The family member also expressed concern that Dr. Portnoi failed to order x-rays when the patient was having pain.

Dr. Portnoi indicated that she assumed the patient was under the care of a urologist in 2015 and 2016. She stated that she understood from the last consultation letter she received from the patient's urologist, in 2012, that the urologist was proceeding with a plan for annual surveillance of the patient's PSA levels.

Dr. Portnoi acknowledged that she did not receive any urology consultation notes regarding the patient from 2013 to 2016 but stated that misplaced consultation letters are common in daily practice.

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

When the patient joined Dr. Portnoi's family practice in 2005, he was seeing a urologist for monitoring of his PSA level, which was below 8 ng/mL. As the patient's PSA values remained fairly stable, the urologist indicated in 2012 that Dr. Portnoi could take over the monitoring.

The PSA tests Dr. Portnoi ordered showed an annual increase in the patient's PSA level. The values were still relatively low from 2013 (8.54 ng/mL) to 2015 (10.49 ng/mL) but there was a significant increase in 2016 (22.99 ng/mL). Later in 2016, the patient developed hematuria and a pathological fracture in his arm. Subsequent investigations revealed he was suffering from diffuse prostatic metastases. The patient died several months later.

Dr. Portnoi did not investigate the patient in light of his increasing PSA level or refer him to a urologist on the basis that she believed his urologist was still monitoring him.

The Committee noted that the urologist's 2012 consultation letter to Dr. Portnoi was somewhat equivocal and did not explicitly state that he expected Dr. Portnoi to take over responsibility for monitoring the patient's PSA level. Nevertheless, Dr. Portnoi was ordering the patient's blood work so it was necessary that she have a system for responding to the abnormal results. There were several opportunities for Dr. Portnoi to recognize as early as 2013 that further

investigation and referral were indicated in response to the patient's rising PSA levels. Given the patient's history, treatment might not have been immediately indicated, but it was also possible that the escalating values were a sign of serious trouble. Dr. Portnoi should have informed the patient (or the attorney with power over the patient's personal care) of the test results, documented in the medical record that she had done so, inquired about any urological symptoms the patient was experiencing, and determined whether a urologist was involved and handling follow-up in regard to the patient's elevated PSA level.

The fact that Dr. Portnoi did not take these steps was, in the Committee's view, a significant miss for which a caution was warranted.

With regard to the family member's concern that Dr. Portnoi failed to order an x-ray when the patient was experiencing pain, it was apparent to the Committee that Dr. Portnoi did not connect the patient's shoulder pain with his rising PSA level and made a reasonable clinical judgement about the possible cause of the pain. Her treatment plan was appropriate given her opinion that the pain was related to a rotator cuff tear or tendonitis. The Committee decided to take no action on this area of concern.