SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)
(Information is available about the complaints process here and about the Committee here)

Dr. Allan Donald Kitching
(CPSO #59355)
(the Respondent)

INTRODUCTION

In 2013, the Complainant's family doctor referred her to the Respondent (Internal Medicine and Cardiology) for recurrent episodes of atrial fibrillation (AF), dizziness and chest pain. She remained under the Respondent's care until 2018.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- **did not take it seriously when her family doctor told him that her kidney function was decreasing after having been on Ramipril for some time;**
- **told her that her heart was fine even though she ended up having a 100% blockage in her coronary artery which required a stent;**
- **did not believe that her heart rate dropped when she went into AF; and**
- **failed to listen to her or believe her issues, which caused her a great deal of distress.**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of May 19, 2021. The Committee required the Respondent to appear before the Committee to be cautioned with respect to his professionalism. They also agreed to accept a remedial agreement from the Respondent.

COMMITTEE'S ANALYSIS

Did not take it seriously when the Complainant's family doctor told him that her kidney function was decreasing after having been on Ramipril for some time

The Respondent explained that it is not unusual for renal function to change once starting Ramipril, and that a certain amount of change is acceptable. He noted that the Complainant's family physician was following the Complainant's kidney function and

communicated with him on a regular basis. He stated that if the change in the Complainant's eGFR (estimated glomerular filtration rate; a test used to measure kidney function) had been significant, he would have decreased or stopped the Ramipril. The Committee accepted the Respondent's response and was satisfied that there was nothing in the medical record to indicate that the Respondent failed to take seriously concerns relating to the Complainant's kidney function.

Told the Complainant that her heart was fine even though she ended up having a 100% blockage in her coronary artery which required a stent
Did not believe that the Complainant's heart rate dropped when she went into AF
-and-
Failed to listen to her or believe her issues, which caused her a great deal of distress

The Complainant had multiple risk factors for coronary artery disease. However, when the Complainant reported chest pain to the Respondent in the summer of 2016, he prescribed nitro spray for typical angina but did not investigate with a stress test. The Respondent finally recommended a stress test some three months after the Complainant first reported chest pain to him. In the Committee's opinion, this represented an inordinate delay in initiating this investigation given the Complainant's symptoms and her risk factors.

During a hospital admission in the summer of 2016, the Complainant was noted to be bradycardic (slower than normal heart rate). One of her medications, diltiazem, was held, which improved her symptoms and she was discharged on a lower dose. The Respondent continued the reduced dose of diltiazem but did not arrange a heart rate monitor, which would have been reasonable to ensure the absence of bradycardia or heart rate pauses. Although the Complainant frequently had non-specific symptoms over the following two years, the Respondent failed to order a Holter monitor. In addition, in the summer of 2018, the Respondent documented the Complainant's diltiazem at the original, higher dose despite her history of symptomatic bradycardia on that dose.

The Committee was also concerned that there was no documentation in the record of a discussion with the Complainant about oral anti-coagulation (OAC). While the Respondent's notes mention OAC in the spring of 2015, at which time the Respondent deferred the issue to focus on controlling the Complainant's blood pressure, there was no further notation that the Respondent considered it at a future date and no documentation of a risk/benefit review.

Overall, the Committee was left with concerns regarding the Respondent's initial management of the Complainant's chest pain, and his management of her AF, including consideration of OAC and documentation of a discussion in that regard. For that reason, the Committee agreed to accept a remedial agreement from the Respondent, in which he agreed to address the educational needs identified by the Committee and to follow up with the College.

Professionalism

The Committee noted that it took the Respondent approximately six months to provide a response to the complaint, despite multiple emails and telephone calls, from the College's investigator. The Committee did not accept the Respondent's assertion that the College's initial attempts to contact him were "problematic". The Respondent failed to respond in any manner to the College's various communications until he received a written copy of the complaint, some six months after the initial communication. However, he claimed that there was "no lack of cooperation" on his part. To the Committee, this claim demonstrated a lack of insight, and a concerning indifference and ungovernability on the part of the Respondent.

The Committee's concern in this regard was increased by the knowledge that the Respondent previously received advice from the Committee about cooperating with the College's investigators only five months before this complaint was communicated to him.

The Committee determined that it was appropriate to caution the Respondent as set out above.