

## SUMMARY

### Dr. Lawrence Winston Kwame Donkor (CPSO# 27607)

#### 1. Disposition

On September 6, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered pediatrician Dr. Donkor to attend before the Committee to be cautioned in person with respect to his assessment of a teenager with a 15 pound weight loss and abnormal electrocardiogram (ECG) and laboratory results (including bradycardia/low heart rate). The Committee also required Dr. Donkor to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Donkor to:

- Attend and successfully complete the next available University of Toronto Medical Record-Keeping course
- Engage in self-directed learning, including reviewing the College’s policy on *Medical Records* and reviewing and discussing with his Clinical Supervisor the identified educational needs (including assessment of patients with weight loss and eating disorders, and record-keeping)
- Practice under a clinical supervisor for a period of six months, and
- Undergo a reassessment of his practice six months following the completion of the education program.

#### 2. Introduction

The College received a complaint from the family member of a teenage patient, raising concerns that Dr. Donkor failed to adequately assess and diagnose the patient’s eating disorder and low heart rate. After reviewing laboratory and ECG results, physicians at a specialty centre recommended that the patient be admitted to a local hospital until a bed was available in the specialty centre. The patient’s family physician referred him to Dr. Donkor in the hopes that Dr. Donkor, who had admitting privileges in the local hospital, could arrange such an admission. Dr. Donkor did not admit the patient, and discharged him home.

Dr. Donkor responded that he was disturbed by the patient's low heart rate, and therefore exercised him for five minutes to see if the heart rate would increase (which it did). Dr. Donkor indicated that he could not say that the patient had an eating disorder since there was no evidence of body image distortion and the patient was quite happy with his weight of 59 kg; and he did not see anything psychologically unusual about the patient. Dr. Donkor indicated that because the patient was going to the specialty centre the following day, he decided not to pursue the issue further since he is not an expert on eating disorders.

The patient's family member brought the patient to the specialty centre after leaving Dr. Donkor's clinic. The Committee received information from a physician at the specialty centre, who indicated that she agreed with the diagnosis of an eating disorder and that the patient required ongoing care due to his severe bradycardia (the patient remained in the hospital for 41 days).

An Independent Opinion (IO) provider opined that Dr. Donkor did not meet the standard of practice of the profession and displayed a lack of skill and knowledge with respect to the care of an adolescent with an eating disorder, and that Dr. Donkor's current clinical practice with respect to making a diagnosis of an eating disorder and providing the appropriate treatment for the acute medical complications of an eating disorder had the potential to put the patient's health at risk.

### **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](http://www.cpso.on.ca), under the heading "Policies & Publications."

#### 4. Committee's Analysis

The Committee questioned several aspects of Dr. Donkor's response to this complaint. Dr. Donkor denied having spoken to the patient's family physician regarding having the patient assessed and admitted the same day. However, the Committee noted that the family physician sent the patient for laboratory studies and an ECG, and then clearly arranged for an emergency consultation with Dr. Donkor that very same day, suggesting that he had serious concerns and wanted Dr. Donkor to see the patient urgently. The Committee also noted that the family physician made a written request on the top of the referral form, asking Dr. Donkor to contact the specialty centre after the consultation, again suggesting that there was an urgency to the situation that Dr. Donkor did not appear to recognize.

The Committee agreed with the IO provider that Dr. Donkor's history and physical examination in this case were inadequate for a general pediatrician. Although Dr. Donkor may not have been familiar with eating disorders, he should have still been able to perform an appropriate assessment of an adolescent boy who lost significant weight (15 pounds), with or without bradycardia, and was underweight for his height, and should have considered a differential diagnosis that included "eating disorder."

The Committee was of the view that Dr. Donkor's failure to recognize the patient's eating disorder was further exacerbated by the fact that the specialist at the specialty centre had already assessed the situation and the laboratory results, and had recommended admission at the local hospital until a bed was available at the specialty centre. The Committee did not find Dr. Donkor's defense that the patient had an appointment at the specialty centre the next day convincing, as the reason the patient was referred to him in the first place was to expedite the admission.

The Committee noted that while milder cases of low resting heart rate may be due to being physically fit (as Dr. Donkor appears to allude was the case here), the patient's very low heart

rate and results during exercise in this case were very concerning, and should not have been taken to rule out an eating disorder.

The Committee was disappointed that the patient's family member had to call the specialty centre so that the patient could receive the care he required. The Committee was concerned that Dr. Donkor failed to appropriately communicate with other health professionals in the circle of care, and noted that Dr. Donkor should have at least contacted the specialty centre or the family physician following his evaluation in order to explain his decision and the findings of his assessment.

The Committee was also confused regarding when Dr. Donkor wrote his consultation letter to the family physician. The Committee was unable to state for certain when Dr. Donkor authored the letter; however, based on the confusion that arose from the language and date of the letter, they stated their expectation that physicians ensure contemporaneous documentation at all times, in accordance with legislation and the College's policy on *Medical Records*.

The Committee was very concerned that Dr. Donkor, who did not meet the standard of care in this case, was supervising a student at the time, stating that physicians, including those who supervise, teach and mentor students, have a professional obligation to maintain the standards of practice of the profession. The Committee stated its expectation that physicians not supervise students while they are themselves undergoing remediation, including clinical supervision of their own practice.