

## SUMMARY

### DR. SHARADINDU RAI (CPSO# 84749)

#### 1. Disposition

On March 23, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required family physician Dr. Rai to appear before a panel of the Committee to be cautioned with respect to his communications.

The Committee also ordered Dr. Rai to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Rai to:

- Practice under the guidance of a Clinical Supervisor acceptable to the College for a period of six (6) months
- Engage in one-to-one education in communications and professionalism with an instructor acceptable to the College
- Engage in self-directed learning (by reviewing and preparing a written summary of the College publication *The Practice Guide*)
- Undergo a reassessment of his practice by an assessor selected by the College approximately six (6) months after completion of the education program.

#### 2. Introduction

A patient complained to the College about Dr. Rai’s clinical care and communications during a walk-in clinic visit for asthma. The patient stated that Dr. Rai refused to provide a prescription for Ventolin and communicated in a “discourteous, arrogant and unprofessional” manner in that he refused to listen to her medical history and constantly interrupted her.

Dr. Rai responded that he took a history and performed a clinical examination. He noted that the patient felt that her asthma was related to an autoimmune digestive disorder and, while she was asymptomatic at the time of the visit, she reported several flare-ups per year during which she would use Ventolin four to five times per day. His impression was that the patient’s asthma was

poorly controlled and he also had concerns that using Ventolin alone could lead to a life-threatening condition. He explained that for these reasons he recommended an inhaled corticosteroid in addition to Ventolin as a more appropriate treatment, but the patient disagreed with his recommendation. He stated that he informed the patient that given the state of her asthma, it would be unconscionable for him to provide a prescription for Ventolin without appropriate follow-up. He recalled that the patient got up, stated there was nothing further to discuss, and left before he had an opportunity to further discuss the matter or provide any prescription. He denied cutting off or interrupting the patient; he is sorry if the patient feels he was disrespectful, and he recognizes the importance of appropriate communications with patients. He indicated he has recently taken a communication course and has also arranged individualized coaching sessions in communications.

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

### 4. Committee's Analysis

Overall, the Committee was satisfied that Dr. Rai's medical assessment and care of the patient was acceptable given the documentation in the chart which shows an appropriate assessment, and Dr. Rai's decision not to prescribe Ventolin alone (because of the significant risk of death in young people with asthma treated only with Ventolin, a beta-agonist). The Committee agreed with Dr. Rai's recommendation to the patient with respect to the type of inhaler she should be using.

The Committee was concerned, however, by Dr. Rai's history of prior complaints to the College given he had only been in practice in Ontario for eight years. The Committee noted that he had already been the subject of other, similar complaints with respect to his communications and that he appeared to demonstrate a lack of insight into and ownership of his problems (given his

explanation that his high-volume practice put him at higher risk for complaints through “no fault of his own.”)

Although Dr. Rai provided information about the course in communications he had recently completed and other education he has arranged, the Committee was concerned that despite these efforts he was once again the subject of complaints primarily about his communications. The Committee remarked that although the complaints about Dr. Rai are generally “low-level” in terms of patient risk, there was the potential for serious patient risk if the communication breakdown were to revolve around a more serious clinical issue, and for this reason a caution-in-person and remedial education would serve to improve his practice.