

# Summary of Discipline Committee Hearing

## DR. SURINDER KHAHRA

Hearing Date: March 29, 2016



### ALLEGATIONS/FINDINGS OF PROFESSIONAL MISCONDUCT

#### Case 1

- failed to obtain informed consent to treatment
- miscommunicated or failed to properly communicate to the client the results of the initial x-ray
- performed elective dental surgery in an older cat that was, among other things, clinically toxic
- performed dental surgery without the client's informed consent
- performed dental surgery without providing supportive intravenous fluids
- failed to perform postoperative physical examinations
- failed to make or maintain proper records
- failed to respond properly to a request on the part of a subsequent treating veterinarian for a copy of his records

#### Case 2

- suggested proceeding with a dental procedure and anesthesia as a viable or appropriate alternative to humane euthanasia
- failed to make or maintain proper records

#### Case 3

- closed the wounds on the cat's right hind leg
- failed to clean and debride the wounds over several days before considering primary closure of the cat's wounds
- failed to adequately address changes in the cat's wounds once the cat developed a fever and changes at the wound sites suggested infection, and he failed to adequately address thickened skin over the wounds
- failed to provide broad systemic antibiotic treatment following the initial 14 day course of treatment
- continued treating the wounds topically despite the lack of improvement
- failed to adequately investigate why the wounds were not healing appropriately
- dispensed previously opened and unlabelled medications

#### Case 4

- failed to properly assess and treat the cats during and subsequent to the initial dental prophylactic procedures
- improperly described a cat's teeth as "healthy" and diagnosed another cat with mild periodontal disease on the basis of inadequate assessments
- failed to discuss with the client the limitations of visual inspections of the oral cavity, the value of and need for intraoral radiography and the risks of declining appropriate radiological assessments, and/or failed to document such discussions
- failed to provide adequate pain medication to the cats throughout their course of treatment
- inappropriately prescribed and/or administered non-steroidal anti-inflammatory and corticosteroid medication concurrently to all three cats
- prescribed and/or administered Atopica to a cat without first obtaining a negative FIV/ FeLV test
- performed repeated dental procedures that should have been performed with a high speed drill
- failed to advise the client of the results of the dental surgeries performed on two cats

#### Allegations of Professional Misconduct in Failing to Meet Practice Standards

- failed to fulfil the terms of an agreement with a client (case 4)
- failed to maintain the standard of practice of the profession (case 1, 2, 3, 4)
- failed to provide within a reasonable time and without cause any certificate or report requested by a client or his or her agent in respect to an examination or treatment performed by the member (case 1)
- provided, or attempted or offered to provide, services that are not reasonably useful or needed (case 1, 2, 4)
- made a misrepresentation to a client or prospective client (case 1)
- failed to make or retain the records required by the regulation (case 1, 2, 4)

- an act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as unprofessional (case 1, 2, 3, 4)

### BRIEF SUMMARY

#### Case 1:

The member examined a nine-year-old spayed domestic short haired cat that was not eating, was lethargic and constipated. The member noted that the cat had severe gingivitis, was 8 – 10% dehydrated, had tacky mucous membranes and a full bladder. The abdomen was tense on palpation.

The member considered the rule outs to include constipation vs. obstipation possibly from a foreign body, hepatic or renal issues, food allergies, neoplasia, urinary distention secondary to constipation, and moderate to advanced periodontal disease.

The member administered 100ml of subcutaneous fluids and 5mL of lactulose orally. The next day, radiographs of the abdomen were taken under sedation. The member also performed a complete blood count, a chemistry profile, a urinalysis and a thyroid test. Test results revealed urinary tract inflammation, low urine concentrating ability, and elevated blood glucose. The cat was also given two enemas for constipation.

The member advised the client that x-rays showed there was a foreign body in the cat's intestine and the cat would likely require surgery and he could do dental work at the same time. The member also advised that he would discuss the x-ray with another veterinarian before proceeding to surgery.

The client signed a consent form although it did not indicate exactly what she was consenting to. The member subsequently consulted with another veterinarian and determined that surgery was not required. However, without first conveying this information to the client, the member proceeded with dental surgery and performed six extractions.

Six days later, the client called the member and advised him the cat was still constipated

and had not walked normally since she was discharged. The client also complained about the member's account. The client consulted another veterinarian. Despite repeated requests, the member refused to send a copy of his records to the subsequent treating veterinarian.

#### Case 2:

The member examined a 10-year-old male neutered cat who was not eating well, was pawing at his mouth and appeared to be in pain.

The member diagnosed periodontal disease and recommended dental scaling and polishing as well as pre-anesthetic blood work. The client declined these recommendations due to cost and indicated that he would go home and review his options. The member suggested an injection of Metacam and subcutaneous fluids, which the client agreed to. The member also dispensed oral Metacam for an additional three days, an oral antibiotic, two cans of prescription cat food and a drinking water additive. The member's records concerning Metacam are inconsistent and do not accurately record the amount of Metacam that was dispensed.

Upon returning home the cat's condition deteriorated. The next morning the client called another animal hospital about having the cat euthanized. Before attending the hospital, the client spoke with the member and advised him the cat's condition had worsened and asked whether he could return the unused medication. When the member recommended continued treatment with Metacam, the client indicated he was considering euthanasia. The member asked the client how much it was going to cost to euthanize the cat and offered to do the dental cleaning under general anesthetic for the same price. The member told the client that if the cat died from the dental procedure or general anesthetic, it would be better than simply euthanizing him. The client declined and the cat was euthanized.

#### Case 3:

The member examined a domestic short-haired cat who had a severe de-gloving injury to his right hind leg. The member noted the bone at the right hock joint and on the right hind foot was exposed, and the skin was badly torn off. The wounds were significantly contaminated.

The member took an x-ray of the right hind leg, which revealed no fracture. Under anesthesia, the member lavaged the wounds, cleared

them of hair and debris and cleaned them with iodine solution. He closed the wounds, applied Hibitane cream to the sutured sites and bandaged them.

Post-operatively, the member injected Convenia and Ampicillin and administered Metacam once per day. He placed an Elizabethan collar and suggested cage rest at the hospital for one week.

Two days later, the cat developed a fever. The member changed the bandage and found some fluid accumulation along with some crepitating sounds around the hock. The wounds were cleaned with iodine solution. Hibitane cream was applied before the bandage was replaced. The member administered Ampicillin, Metronidazole, Enrofloxacin and Metacam.

The next day, the member removed the bandage and noted the cat had some unexplained skin thickening over the hock joint and paw area. The member cleaned the wounds but did not re-bandage them.

The cat was discharged after nine days in the hospital. According to his records, the member placed an e-collar and dispensed Enrofloxacin 15 mg orally twice daily for 2 days, Metronidazole 25 mg orally twice daily for 2 days, and Clavaseptin 50 mg orally twice daily for 3 days. No analgesics were prescribed. The member recommended the cat be brought back for a recheck in 7 days.

The clients immediately noticed, among other things, that the right hind leg was hard to the touch and the inner thigh and stomach areas were bright pink. The cat was also lethargic and seemed to be in pain.

A week later, the cat was brought back to the hospital. Redness was still observed along the medial thigh. The member attempted to remove the stitches but was unable to do so. He advised the owners to continue treating the wounds with antiseptic solution and ointment as previously prescribed. The member prescribed no further systemic antibiotics.

The pink area along the medial thigh and stomach continued to spread and become dark red. When asked about the hardness of the leg, the member said it was the result of dry skin that would slough off. Meanwhile, the member assured the clients the leg was not dead and they should continue to clean that area with antiseptic and apply the ointment twice daily.

Two and a half weeks later, the cat had a

significant oozing wound along his inner thigh. He was suffering from tachycardia, tachypnea and he was in pain. The cat received injections of Convenia 0.4 ml and Metacam 0.2 ml.

The member also applied Hibitane ointment after cleaning the site. He discharged the cat with a new e-collar, a bottle of antiseptic, a partial tube of ointment, and unlabeled and unidentified drops that he instructed be given for three days (8 – 10 drops each day).

The cat continued to deteriorate so he was taken to another veterinarian for a second opinion three days later. That veterinarian examined the cat's right hind leg and found gangrene from the hock joint to the toes and the leg felt like wood on palpation. Missing skin on the medial aspect of the thigh also revealed subcutaneous tissue and purulent discharge.

The client's opted to have the right hind leg amputated. Later that day, the client's owner left a message for the member advising him of the cat's condition and of the second opinion and indicating they would not be bringing the cat back to the member. The cat's right hind leg was amputated and the cat went on to have an uneventful recovery.

#### Case 4:

At various times in one month, the client took three cats to the member for dental care. All three cats were suffering from, among other things, severe mouth pain, swollen and inflamed gums, and bad breath. They were also not eating well.

Prior to treating the cats, the member did not advise the client there were limitations in terms of what dental care he could provide, such as his inability to perform full mouth extractions.

Under anesthesia, the member examined and performed a dental prophylaxis on each cat, following which he advised the client their teeth were healthy except that he did extract two of Cat One's teeth. The member may also have extracted one or more of Cat Two's teeth but the records and the member's accounts are unclear on the point.

Approximately three weeks later the symptoms returned. The member treated the cats with antibiotics and corticosteroids for the next several months.

Cat Two and Three were brought to the hospital where arrangements had been made for another veterinarian, Dr. D, to perform full mouth extractions. Neither pre-operative nor post-operative radiographs were taken for either cat.

Following these procedures, Cat Two and Three continued experiencing oral pain and weight loss. Less than 8 months after his initial dental procedure, the client brought Cat One to see the member for continued oral concerns, and the member extracted five additional teeth.

The client subsequently brought Cat Two to another veterinary facility. Following examination and x-rays, the veterinarian determined the roots of some or all of the teeth had not been removed which was causing severe inflammation, pain and as a result weight loss. That veterinarian recommended extraction of the retained roots and post-operative radiographs for verification.

The client provided the x-rays to the member and Dr. D. The member and Dr. D advised the client they would use the x-rays taken of Cat Two and take pre-operative x-rays of Cat Three to remove any further teeth or roots from both cats. They also said they would take post-operative x-rays to ensure that all problems were addressed.

Further surgeries by Dr. D and subsequent further care rendered by the member, failed to resolve the cats' dental problems. The member stopped providing treatment to the client's cats.

## PLEA AND DECISION

The member pleaded and was found guilty with respect to the allegations. The College and the member had negotiated an Agreed Statement of Facts, including an admission of professional misconduct.

## PENALTY

- Reprimand
- Suspension of the member's licence to practise veterinary medicine for six months beginning July 1, 2016, with three months remitted if the member completes a session with a peer advisor for at least one day or seven hours in length where the peer advisor shall review issues related to

consent, pain management, inclusive of Metacam use, wound care management, and the appropriateness of performing elective dental surgery on a clinically toxic cat. Further, based on what is discussed with the peer advisor, the member shall develop protocols as necessary, particularly in respect to pain management and wound care management, which the peer advisor shall review. As well, the member shall attend a pre-approved communications workshop with his staff and complete the College's records keeping webinar.

- Imposing a condition and limitation on the member's licence that the member completes the session with the peer advisor, develops protocols, attends the communications workshop and completes the records keeping webinar.
- Imposing a condition and limitation on the member's licence that the member provides the Registrar with medical records of up to eight patients that were completed after completion of the medical records webinar. Two additional records reviews may be requested.
- Imposing a condition and limitation on the member's licence that the member is restricted from performing any dental treatments until he obtains at least 12 hours of continuing education on dental procedures, with at least six hours through practical, hands-on coursework.
- The member will pay costs to the College of \$20,000 within two years.
- Pursuant to legislation, this matter is published including the member's name.

## PANEL'S REASONING

The panel considered the facts as admitted by the member in regard to all four complaints, as well as the medical records and the expert reports filed. With respect to each complainant, the expert found that the member had failed to maintain the standard of care in at least some aspects of the care he provided. The panel

also considered the submissions of counsel and the fact that the member freely admitted to much of the professional misconduct as alleged.

### Case 1:

The panel agreed the member failed to obtain informed consent from the owner and failed to properly communicate radiographic findings concerning the condition of his patient. The panel also agreed that the member's dental care fell below the practice standard. Further, the panel agreed the member's record keeping was below the standard and he did not properly respond to a request for records from another veterinarian.

### Case 2:

The panel agreed that the member's actions regarding the treatment of his patient's dental condition fell below the practice standard and he failed to make or maintain proper records in this regard.

### Case 3:

The panel agreed the member's actions regarding wound management, antibiotic therapy, and dispensing of medication fell below the practice standard.

### Case 4:

The panel agreed the member's actions regarding dental assessments and treatment, pain management, record keeping, and drug selection and administration fell below the practice standard. The panel noted that these incidents involved up to three animals from the same owner.