

# Summary of Discipline Committee Hearing



THE COLLEGE OF  
VETERINARIANS  
OF ONTARIO

## DR. SANGMIN KIM

### AGREED STATEMENT OF FACTS

- after the first anesthetic protocol failed, proceeding with an elective dental procedure without suggesting appropriate further investigations
- failed to document the client's consent to treatment
- discharged the dog prematurely
- failed to properly treat the dog's seizures
- failed to properly treat the dog's hypothermia and hypoglycemia
- failed to put in place an intravenous catheter
- failed to administer intravenous medications
- failed to sufficiently encourage the client to obtain care at an emergency facility
- failed to maintain the standards of practice of the profession
- failed to maintain the records required by the Regulation
- an act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as unprofessional

### BRIEF SYNOPSIS OF FACTS

The member examined a five-year-old dog for a dental check and found decayed teeth, and some loose teeth that were almost falling out. There was tartar build-up, but it was not serious. The member diagnosed the dog with general gingivitis.

The member discussed treatment with the client, and the dog was admitted.

Blood was taken to evaluate packed cell volume, total protein and blood glucose, all of which were within normal limits.

Initially, 150 milligrams of medetomidine was used as a tranquilizer, but the dog soon developed difficulty breathing, became apneic and suffered serious bradycardia.

The member subsequently administered Atipamezole and waited 20 minutes for it to take effect.

Then, 0.2 millilitres of butorphanol, acepromazine, and glycopyrrolate were administered subcutaneously as a pre-anesthetic, followed by an injection of 0.8

millilitres of Propofol to induce anesthesia. An endotracheal tube was inserted and the cuff inflated. Anesthesia was maintained with two percent isoflurane delivered in oxygen administered at 2 litres per minute.

The member removed four incisors and one premolar, and scaled and polished the remaining teeth. Gingival flaps were not used and the extraction sites were not surgically closed.

An injection of 10 milligrams of Baytril was given subcutaneously. A normal recovery was noted on the dog's anesthetic log.

Later that day, the client arrived to pick up the dog. The dog was carried out wrapped in a towel and could not walk on its own.

The dog was discharged with Amoxil, 50 milligrams, and the client was instructed to give the dog half a tab once a day for four weeks.

That evening the client called the member about the dog's poor condition.

The member went to the client's home, but did not bring any diagnostic or treatment equipment with him.

The dog was feverish and had stiffness in his neck and front legs and was unable to stand, suggesting tonic seizure activity. The client thought the dog had one or more seizures.

The member speculated the dog had hypoglycemia and suggested he receive a sugar solution.

The member took the dog and the client back to the clinic, and continued treatment for hypothermia, hypoglycemia and red skin. The dog was administered sugar water orally and 200 millilitres of 0.9% saline subcutaneously.

The dog was taken to the member's residence for continued monitoring.

The client met the member and transferred the dog to an emergency clinic for further treatment.

When the dog arrived at the emergency clinic he was experiencing a generalized seizure. Treatment was quickly initiated but he went into cardiac arrest and died.

### DECISION

#### 1. Finding

The member admitted the allegations as

outlined in the Agreed Statement of Facts, including an admission of professional misconduct.

### 2. Penalty

- Reprimand
- Suspension of the member's licence for one month.
- Completion of the College's medical records webinar.
- Participation in the Ontario Medical Association's Crucial Conversations course
- Participation in a three-day mentorship on medical, dental, anesthetic and professional boundaries; and completion of a learnings paper.
- Provide medical records for review by a peer reviewer
- The Member shall pay all costs of the mentorship

### 3. Costs/Publication

- The member will pay costs to the College of \$2,500
- Pursuant to the legislation, publication of this matter will include, among other things, the member's name

### PANEL'S REASONING

The panel considered the following mitigating factors in this case:

The member made admissions of professional misconduct, thereby sparing the College the time and expense associated with a contested hearing.

As part of the resolution process, the member had already registered for the OMA Critical Conversations course and had arranged for a mentor who was pre-approved by the Registrar. While the member was not required to have taken these steps in advance of the hearing, his willingness to do so revealed desire to cooperate and to improve his practice and knowledge.

The member agreed to participate in the College's Medical Records Webinar and have a condition and limitation placed on his license to include a peer review of medical as outlined in the joint submission. The panel reviewed the prior cases presented by the

## PANEL'S REASONING

College and was satisfied that the penalty proposed was well within the range of what is reasonable and appropriate. The panel also acknowledged that another member of the Discipline Committee, sitting as a pre-hearing officer for this matter, had reviewed the proposed penalty and costs order and was satisfied that it was appropriate in the circumstances.

In the circumstances of this case, the panel accepted the jointly proposed penalty and costs order as reasonable and appropriate. The panel agreed that the proposed order adhered to specific and general principles of deterrence, rehabilitation, remediation and public protection.