ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- failed to take radiographs after the initial fracture repair
- failed to take radiographs before the second surgery
- failed to take radiographs after the second surgery
- failed to obtain informed consent to the second surgery
- placed a drain following the first surgery
- failed to create or maintain adequate records
- failed to maintain the standard of practice of the profession
- 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 SUMMARY

The member examined a one-year-old dog for repair of a fracture. The dog had been lost for a few days and returned home with a fractured femur. The owner could not afford to have the fracture repaired. The dog had been surrendered to the humane society.

During the first surgery, the member repaired the fracture with a surgical plate and screws and discharged the dog with amoxicillin andPrevicox. A drain was placed in the leg. The member did not take x-rays before or after the first surgery. During a recheck five days later, the drain was left in place. It was removed three days later as the dog appeared to be progressing well.

The next day, the leg was noted to be unstable. The member removed the plate and placed an intramedullary pin. The member did not obtain the humane society’s informed consent to perform the second surgery. The member took no x-rays before or after the second surgery. The member removed the drain a week later.

The dog was then seen by another veterinarian for evaluation for rehabilitation. This veterinarian was concerned about a possible implant infection and recommended against a rehabilitation program without post-operative radiographs. Tramadol andClindamycin were dispensed.

The member reassessed the dog a couple days later and took an x-ray. In the member’s view, the pin was seated well. He increased Clindamycin to 600 mg bid and prescribed Acepromazine to keep the dog sedated.

Three days later, the dog was taken to another clinic as an emergency. A radiograph confirmed the fracture remained unstable. Two days later, a veterinarian recommended amputating the leg and the dog’s leg was amputated.

PANEL’S REASONING

The panel considered the submissions including an expert witness review of this case and agreed the member’s actions fell below the standard of practice. In particular the member failed to appropriately manage the repair of the patient’s fracture:

- Failing to perform radiographs pre- and post-surgery
- Placing a drain on the initial fracture repair with the knowledge that the fracture was closed and repaired with an implant

The panel found the medical records submitted by the member fell below the minimum standards in areas including but not limited to:

- Vital signs not recorded during surgery
- Failure to document surgical procedure details such as plate and screw type and size
- Failure to document adequate discharge instructions

The panel found there was no clear indication in the medical record that the member had obtained informed consent for the first surgery performed.

The panel considered the following mitigating factors when deciding on Penalty in this case:

- The member had already completed the College’s webinar on informed consent
- The member was co-operative throughout the discipline process
- The member has over 49 years of veterinary practice, with no discipline record
- The member had arranged to take the College’s webinar on record keeping following the hearing

The panel felt the agreed penalty achieved its goal of public protection, general deterrence of the profession and specific deterrence of the member. The panel agreed that the penalty provides an opportunity for remediation in the member’s deficient practice areas.