Summary of Discipline Committee Hearing

DR. SHAILESH PATEL

AGREED STATEMENTS OF FACTS

- failed to offer or administer an analgesic to facilitate the examination
- failed to properly investigate and assess the dog’s injuries
- failed to assess or record an assessment of the thoracic/chest cardiac and respiratory auscultation findings for both the left and right compartments as well as mucus membrane colour and capillary refill times
- failed to recommend survey radiographs prior to anesthesia or surgery
- failed to properly consider or further investigate whether the dog suffered further trauma
- failed to discover the dog’s stomach and intestines were in his chest cavity, his spleen was damaged, and he had a broken rib
- failed to provide adequate pain management on discharge
- discharged the dog the same day he was initially brought to the hospital
- 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 small terrier mix who had been attacked by a larger dog. The small dog suffered serious injuries with open puncture wounds on both the left and right side with exposed omentum/mesentery. The member did not recommend or order x-rays.

The member recommended the dog’s wounds be repaired. The member asked another member (Veterinarian B) to perform the surgery that day. Veterinarian B did not suggest additional investigations before or after the surgery. Under general anesthesia, Veterinarian B repaired the abdominal area where the omentum was exposed and placed a Penrose drain. Veterinarian B also sutured the areas where the skin was torn.

Later that day, the member discharged the dog into the client’s care with post-operative medications. The next day, the client contacted the hospital to say the dog was not well and was told not to worry and the dog would be fine. The dog returned to the hospital two days later as he was lethargic and not eating. Veterinarian B examined the dog and found the abdominal wound was oozing serum and necrosis of the skin. Veterinarian B debrided the dead skin and again placed a Penrose drain. The dog was discharged and the member advised the client how to remove the drain at home.

The next day the client called the hospital to report the dog had removed the Penrose drain. The client was advised the dog would be fine and not to worry about it.

The dog was taken to Veterinarian C at another clinic (Hospital B) as his condition continued to deteriorate. Hospital B requested copies of the dog’s records from the member’s hospital but was told they were not available. The member’s hospital advised Hospital B the dog had been treated at the hospital but the records could not be read and could not provide information on what medications had been administered. Hospital B was told the dog was discharged with Baytril 15mg and Meloxicam 1mg/3 drops.

On examination, Veterinarian C found numerous wounds including a 3 cm open wound with suture remnants indicative of dehiscence, which required repair. While examining the dog and preparing him for surgery, Veterinarian C suspected a possible abdominal wall hernia and subsequently discovered, among other things, a diaphragmatic hernia, an open fracture of a caudal rib, suspected flail chest and atelectatic lungs. The dog went into cardiac arrest three times while Veterinarian C was repairing the diaphragmatic hernia. Given the severity of the dog’s injuries and multiple cardiac arrests, Veterinarian C recommended the dog be transferred to a regional emergency referral centre, where the dog once again arrested. Given the dog’s poor prognosis, CPR was discontinued and he passed.

DECISION

1. Finding

The member admitted the allegations as outlined in the Agreed Statement of Facts, including an admission of professional misconduct.

Regarding the allegation the member’s conduct amounted to “an act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional”, the panel found only “unprofessional” applies.

2. Penalty

- Reprimand
- Suspension of the member’s licence for six weeks.
- Completion of the medical records webinar
- Participation in a five-day mentorship at an emergency veterinary medical facility involving proper pre-surgical procedures, appropriate surgical techniques, post-operative management, proper discharge advice and appropriate record keeping
- Preparation of a learnings paper following the mentorship
- The member shall pay all costs of the mentorship
- Participation in a peer review of medical records

3. Costs/Publication

- The member shall pay costs to the College in the amount of $3,500.
- Pursuant to the legislation, publication of this matter will include, among other things, the member’s name

PANEL’S REASONING

Upon review of all evidence presented, the panel agrees and accepts the member’s admission of engaging in professional misconduct by failing to maintain the standards of practice of the profession by providing appropriate veterinary care. This was supported by the evidence provided in medical records and the expert opinion report.
The member failed to make or retain records required by the Regulations which was supported by the medical records and the expert opinion report.

Further, an act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as unprofessional which was supported by the evidence provided by the medical records and by the expert opinion report.

**Reasons for Penalty & Cost Decision**

The independent legal counsel reminded the panel of the limits of its role in evaluating a joint submission. The panel considered all documentation and evidence presented in consideration of penalty. The joint submission was accepted as sufficient and appropriate to meet the three guiding principles of public protection, general deterrence and specific deterrence for the member. The panel also viewed the proposed amount of costs as reasonable in the circumstances.

As part of their deliberation the panel also took the following into consideration:

- Both the College and member agreed to the Joint Submission as to Penalty and Costs
- The member was cooperative during the process and acknowledged professional misconduct thereby saving the College the expense of a contested hearing

As of the hearing date the member had already taken steps towards corrective action, which illustrated a commitment to rehabilitation.

The panel reviewed five similar cases from the College which informed the panel the penalties and costs were in keeping with similar cases.

Regarding the matter of costs, the panel was aware they are not associated with protection of the public interest nor intended to be punitive, but rather to provide partial compensation to the College for costs incurred in association with the disciplinary hearing process.

The panel accepted the proposed Joint Submission as to Penalty and Costs, regarding it to be fair and reasonable given the actions of the member.