

Summary of Discipline Committee Hearing



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

DR. SATINDER SINGH

AGREED STATEMENT OF FACTS

- failed to conduct a proper pre-operative examination or pre-operative investigations
- failed to recommend that x-rays be taken pre-operatively
- failed to discover the severity of the dog's injuries
- failed to properly close the larger of the two existing abdominal wall tears
- failed to record his surgeries or surgical findings sufficiently or accurately
- failed to ensure that the clinic provided accurate and timely information concerning medication and dosages to a subsequent treating veterinarian
- failed to maintain the standard of practice of the profession
- 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
- failed to make or retain 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

Veterinarian A examined the dog which had serious injuries as a result of an attack by a much larger dog.

The dog had open puncture wounds on both sides with exposed omentum/mesentery. Veterinarian A did not recommend x-rays and did not use gloves when examining the dog.

Veterinarian A discussed his/her findings with the client and recommended surgery. Veterinarian A asked the member to perform the surgery that day.

The member did not suggest any additional investigations before or after the surgery.

With the dog under general anesthesia, the member repaired the abdominal area where the omentum was exposed and placed a Penrose drain. The member sutured other areas where the skin was torn.

Later that day, Veterinarian A discharged the

dog with post-operative medications.

The next day, the client contacted the clinic as the dog was not well. The client was told not to worry and the dog would be fine.

Two days later, the dog returned to the clinic as he was lethargic and not eating. The member examined the dog and found the abdominal wound was oozing serum and found necrosis of the skin. The member debrided the dead skin and again placed a Penrose drain.

The dog was discharged three days later. Among other things, the member advised the client how to remove the drain at home.

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

Three days later the dog was taken to Veterinarian B as his condition continued to deteriorate.

Prior to the dog's appointment with Veterinarian B, the hospital requested the medical records. The member's clinic told Veterinarian B's hospital that the records were not available.

Someone from the member's clinic advised Veterinarian B's hospital that the dog had been treated in mid-January a couple of times, but they were unable to read the records and could not advise what medications were administered. Veterinarian B's hospital was advised the dog was discharged with Baytril 15mg and Meloxicam 1mg/3 drops.

Veterinarian B examined the dog and 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 B suspected a possible abdominal wall hernia. Veterinarian B discovered 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 B was repairing the diaphragmatic hernia.

Given the severity of the dog's injuries and multiple cardiac arrests, Veterinarian B recommended the dog be transferred to a regional emergency referral centre, where the dog again arrested. Given the dog's poor

prognosis, CPR was discontinued and the dog passed.

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 six weeks. The member must complete the College's medical records webinar; participation in a five day mentorship at an emergency veterinary medical facility covering the issues raised in this case including proper pre-surgical procedures, appropriate surgical techniques, post-operative management, proper discharge advice and appropriate record keeping; and completion of a learnings paper summarizing the cases reviewed during the mentorship and addressing what was learned.
- The member must 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 \$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 the presented material, the panel agreed and accepted the admission by the member of engaging in professional misconduct in the following ways:

Failed to maintain the standards of practice of the profession, in that the member failed to provide appropriate veterinary care or retain comprehensive medical records as supported by the medical records and the expert opinion;

PANEL'S REASONING CONT'D

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, as supported by the medical records;

Failed to make or retain records required by the Regulations as supported by the medical records and the expert opinion;

An act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as unprofessional as confirmed by the expert report.

When coming to a decision on the Joint Submission as to Penalty and Costs, the panel considered all documentation presented and accepted the Joint Submission as sufficient 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 discipline process and acknowledged professional misconduct;

The member had taken steps towards corrective action which illustrated an interest in rehabilitation on the part of the member as a result of those actions;

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. Furthermore, the Penalty and Costs were similar to those ordered and awarded by other panels of the College.