

# Summary of Discipline Committee Hearing



## DR. ALAA AZIZ

Hearing Date: June 22, 2018

### ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- failed to manage the cat conservatively through the use of subcutaneous fluids and a gentle enema
- failed to provide an estimate or offer a less aggressive treatment option
- failed to offer a referral to a facility that could better treat and monitor the cat
- failed to obtain the client's informed consent
- failed to properly interpret the blood results and/or discuss the cat's renal status
- administered anesthesia by mask rather than by an endotracheal tube
- administered an excessive amount of water/lactose
- manipulated the bowels too aggressively
- failed to use or have available equipment to permit continuous blood pressure, cardiac and respiratory monitoring
- failed to use a pulse oximeter
- ought not to have performed a dental procedure during the cat's recovery
- performed dental procedures without intubating under general anesthetic
- unnecessarily removed calculus from the crowns of the cat's teeth
- failed to inform the client of his inability to monitor for hypertension and anesthesia
- administered Metacam and Atropine, both of which were contraindicated in this case
- caused or contributed to the cat suffering from ocular hemorrhage and/or retinal detachment by administering Atropine
- administered Tobradex to treat the cat's retinal detachments
- failed to properly treat the cat's hypertension
- performed a procedure that contributed to the cat developing ileus
- failed to maintain the standards of practice of the profession
- an act or omission relevant to the practice of veterinary medicine that would be regarded as disgraceful, dishonourable or unprofessional

### BRIEF SUMMARY

The member examined a 17-year-old neutered cat for ongoing constipation. The cat was also lethargic and dehydrated.

The member took abdominal x-rays and blood chemistry. The blood results indicated renal disease but the member did not convey the seriousness of the results to the client. The client preferred conservative care such as an enema. However, the member recommended

sedation, IV fluids, a water/lactulose enema and manual evacuation of the stool.

After discussion, the client signed a form consenting to sedation and administering subcutaneous fluids and an enema. Shortly after starting sedation, the client verbally withdrew consent to treatment. However, the member proceeded to administer fluids subcutaneously and initially sedated, and subsequently anesthetized, the cat by mask. The member proceeded to manually extract stool for an extended period of time.

During recovery, the member cleaned the cat's upper teeth. The member administered Convenia and Metacam. The cat began salivating excessively and the member administered Atropine. One hour later, the cat's eyes became red and bilateral retinal detachment was diagnosed. The member administered Tobradex and the cat was hospitalized. The next morning the cat regained vision in the right eye but not the left.

The cat was discharged and treated at home with subcutaneous fluid therapy and various oral medications but had persistent abdominal bloating with gas, low body temperature, tachycardia and tachypnea. The cat was euthanized.

### 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 at least three months. The member is required to complete six days of mentorship prior to returning to practice. The mentorship will cover proper assessments, treatment, post-operative care, informed consent, and medication contraindications. The member is required to complete a learnings paper to review the mentorship.
- The member will be assessed monthly for six months following his return to practice on all aspects of veterinary practice which were raised in this case
- The member will pay costs to the College of \$5,000
- Pursuant to legislation, this matter is published including the member's name

### PANEL'S REASONING

Decision on professional misconduct: The member's handling of the cat's medical procedures fell below the standard expected by the College.

The member had an obligation to interpret the blood chemistry results and discuss the implications with the client. He ought to have managed the cat conservatively before

proceeding with more aggressive treatment.

It was evident the client withdrew consent; however, the member went forward without authorization. He pursued an aggressive treatment path without intubation or appropriate anesthetic monitoring, and administered contraindicated medications without treating the cat's hypertension. The member put the cat at risk leading to ocular haemorrhage and/or retinal detachments and ileus.

Further, the excessive water and lactulose and aggressive manipulation of the cat's bowels were problematic and below expected standards. The member's decision to perform dental work during anesthetic recovery, without intubation and without the client's informed consent, was in clear breach of the College's standards.

The member's treatment of the cat would be regarded by other veterinarians as disgraceful, dishonourable and unprofessional.

Decision on penalty and costs: The panel understands the penalty should protect the public and enhance public confidence in the ability of the College to regulate veterinarians. This is achieved through a penalty that addresses deterrence, and, where appropriate, rehabilitation and remediation. Joint submissions should be accepted unless doing so would bring the Discipline Committee process into disrepute or would otherwise be contrary to the public interest.

The member cooperated with the College and accepted responsibility. The panel found the penalty satisfies the principles of deterrence, rehabilitation and remediation, and public protection.

The panel accepted the proposed penalty after weighing both mitigating and aggravating circumstances, including the fact the member has a prior history of discipline.

The panel considered how the penalty would serve the principles of specific and general deterrence, how it would serve the public interest and how it would be rehabilitative.

Specific deterrence was achieved through the oral reprimand, which stressed the seriousness of the member's misconduct and the dishonour it brought to the profession, with emphasis placed on the history of the member's prior discipline findings. It was stressed that the member, in the event of future discipline appearances, should expect far more serious penalties to be applied. The suspension and publication of this case, with the inclusion of the member's name, also serves as individual deterrence.

The extended mentoring and work with an assessor further serves to provide rehabilitation. This is a significant amount of rehabilitative work, which will ensure the public is protected from future sub-standard services.

The penalty protects the public interest by demonstrating the College's serious concerns with the member's professional misconduct.