

COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA

SUMMARY OF DECISION OF INVESTIGATION COMMITTEE “A”

RE: Dr. MARK KAZIMIRSKI

OVERVIEW

This matter was initiated by a letter from the Complainant to the College received on September 3, 2015 about Dr. Mark Kazimirski. Dr. Kazimirski is a physician in Windsor, NS. He has been licensed to practise medicine in Nova Scotia since 1970. His licence number is 003602.

A response from Dr. Mark Kazimirski to the complaint was received on October 2, 2015.

An Investigation Committee, formed in accordance with the Medical Act of Nova Scotia, 2011, was responsible for the investigation of this complaint.

KEY POINTS OF COMPLAINT

On January 31, 2015, the Complainant presented by ambulance to the Hants Community Hospital ER department with a three day history of abdominal pain. She was seen by another doctor and discharged with instructions to take CitroMag.

After taking the CitroMag at home, the Complainant reported that she experienced excruciating pain and began to feel faint. She returned to the ER by ambulance later in the evening and was admitted to hospital by another doctor.

On February 1, 2015, the Complainant's care was transferred to Dr. Kazimirski. She had a repeat abdominal series. The report stated, "Increased distension of large bowel concerning for ileus or possible distal obstruction".

On February 2, 2015, the Complainant's symptoms did not improve despite repeated enemas and IV fluids. IV fluids were continued and another abdominal series was ordered. The report stated in part, "There appears to be slightly more small bowel distension on this examination compared to the last examination done Feb 1, 2015". Dr. Kazimirski ordered a CT of the Complainant's abdomen and pelvis.

On February 3, 2015, the Complainant's symptoms worsened with shortness of breath, vomiting, increased abdominal tenderness and fever. Her vital signs and lab work were abnormal. Another doctor was called from the ER by the nursing staff at 6:20 am to assess the Complainant. That doctor's impression was that she had a bowel obstruction. His progress notes stated, "Proceed with CT +/-Gen Surg consult." Dr. Kazimirski spoke to General Surgery at the QEII. The Complainant was transferred by EHS to the QEII where she underwent a subtotal colectomy with ostomy placement and bilateral salpingo-oophorectomy. She remained in hospital until February 17, 2015.

KEY POINTS REPORTED BY RESPONDENT

On February 2, 2015, Dr. Kazimirski noted the x-rays indicated a fair amount of stool and gas. Dr. Kazimirski states he had tried a “fair amount of procedures” to relieve the Complainant, but she was still obstructed. The medical record noted a CT scan would be considered if necessary, and that treatment with PEG (feeding tube) and enemas would continue. The Complainant’s lab work was also repeated. An abdominal x-ray ordered by Dr. Kazimirski on February 2, 2015, showed slightly more small bowel distention as compared to the x-ray done the day before. There were no significant changes in colonic gas pattern.

On the morning of February 3, 2015, the Complainant was assessed by the on-call ER doctor at the request of in-patient nursing staff. Dr. Kazimirski saw the Complainant later in the morning and transferred her to the QEII by EHS.

Dr. Kazimirski believes that the investigations he ordered and the care he provided with IV fluids and medications was appropriate. Dr. Kazimirski had a fixed diagnosis of constipation and his continued orders for enemas were not improving the Complainant’s condition. Once the cause for the bowel obstruction was found, he appropriately transferred the Complainant to a general surgeon for further management.

CONCERNS/ALLEGATIONS OF COMPLAINANT

The Complainant alleged Dr. Kazimirski failed to meet the expected standard of a physician. Specifically, the Complainant alleged the following:

- Dr. Kazimirski failed to consider a bowel obstruction diagnosis;
- Dr. Kazimirski ordered her treatments based on medical reports without having any personal contact with her; and
- Dr. Kazimirski failed to keep her informed about her treatment, results and progress.

CONCERNS OF COMMITTEE

As with all complaints, the Investigation Committee is not limited to investigating only the concerns set out in the complaint. The Committee has the responsibility to look into all aspects of a physician’s conduct, capacity or fitness to practise medicine that arise in the course of the investigation.

In this matter, after reviewing all available information, the Committee identified the following concerns arising from this complaint:

- Dr. Kazimirski did not properly assess the Complainant on February 1, 2015 when care was transferred to him;
- there is insufficient evidence that Dr. Kazimirski examined the Complainant at any time during her stay in hospital;
- Dr. Kazimirski failed to expedite a CT;

- Dr. Kazimirski failed to entertain an alternative diagnosis besides constipation; and
- Dr. Kazimirski's discharge summary was inadequate.

The Committee is concerned that given the Complainant's presentation on admission, Dr. Kazimirski should have ordered a CT scan immediately. Although Dr. Kazimirski did eventually order a CT scan, he should have taken steps to expedite it. The Community hospital did not have a CT available, making it all the more urgent that Dr. Kazimirski not follow the usual CT referral process but rather, expedite the process.

DISCUSSION

There is inadequate documentary evidence demonstrating that Dr. Kazimirski conducted a physical examination of the Complainant during her admission. Dr. Kazimirski failed to entertain a higher degree of suspicion for bowel obstruction in a previously healthy elderly woman with no results from ongoing treatment for constipation. Dr. Kazimirski's actions were inadequate given the ongoing complaints of abdominal pain, with no relief from the repeated use of laxatives and enemas, the radiographic impressions of ileus or possible distal obstruction, and her rising white blood cell count.

Both expert opinions in this case identified the same concerns identified by the Committee. Specifically, the experts identified the following concerns:

- inadequate documentation of a physical examination;
- inadequate documentation of patient history;
- lack of appropriate or documented assessments;
- failure to order a CT scan, despite clear indication, on the day of admission;
and
- inadequate communication with the patient.

The audit of Dr. Kazimirski's hospitalist practice found his care to be adequate however, the auditor noted Dr. Kazimirski's charting frequently did not reflect significant positive or negative findings. Regarding the review of Dr. Kazimirski's discharge summaries as compared to those of his peers, the auditor noted Dr. Kazimirski provides:

a brief narrative indicating why they were admitted and the outcome without attention to what transpired in between, or lab results, such that would indicate a comprehensive knowledge of the case and follow up plans. He seldom uses standard format with discharge diagnosis as his peers.

The auditor also noted Dr. Kazimirski is aware that he does not write a lot on the chart.

Dr. Kazimirski stated during his interview with the Committee that he had in fact conducted a physical examination, but he had not documented it. He stated on May 3, 2016, in communication with the College and in response to one of the expert opinion reports, that it would be unusual for him to not do a physical exam on a patient experiencing abdominal pain. The Complainant in her

interview with the Committee recalled that at no point did Dr. Kazimirski examine her physically. The Committee is not satisfied on the evidence that Dr. Kazimirski physically examined the Complainant. Had he done so, her deteriorating condition would have been evident. The Committee prefers the medical record, and the evidence of the Complainant.

DECISION

In accordance with section 99(5)(f) of the Medical Practitioners Regulations, the Committee determined there is sufficient evidence that, if proven, would constitute professional misconduct, and warrants a licensing sanction.

Rather than refer the matter to a Hearing, in a decision dated June 22, 2017, the Committee determined the matter can be resolved, in accordance with section 99(7)(a) of the Medical Practitioners Regulations, with the consent of Dr. Kazimirski to the following:

1. Dr. Kazimirski is reprimanded for failing to meet the expected standard of care in his patient, the Complainant, by:
 - failing to adequately conduct and document a physical examination;
 - failing to adequately take and document a patient history;
 - failing to appropriately address ongoing complaints of abdominal pain;
 - failing to expedite a CT scan when there was a clear indication to do so;
 - failing to adequately document a detailed discharge summary; and
 - failing to adequately communicate with the Complainant regarding her treatment and progress.
2. Dr. Kazimirski agrees to make a contribution to the College for its costs of the investigation of this complaint.
3. Dr. Kazimirski is required to attend and successfully complete the next available sitting of the Medical Record Keeping Course in Ontario. The cost of the course will be borne by Dr. Kazimirski.
4. Dr. Kazimirski will undergo a re-audit of his hospital practice approximately 6 months after completing the Medical Record Keeping course. The re-audit will focus on documentation, and will be arranged by the Physician Conduct and Compliance office of the College. The cost of the re-audit will be borne by Dr. Kazimirski.

Dr. Kazimirski consented to the above reprimand on July 7, 2017.