CENSURE: IC1664
DR. WILLEM GEORGE ROETS

In accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee censured Dr. Roets as a record of its disapproval of the deficiencies in his conduct. Censure creates a disciplinary record which may be considered in the future by the Investigation Committee or an Inquiry Panel when determining the action to be taken following an investigation or hearing.

I. PREAMBLE

When a physician is on call for an Emergency Department which does not have an Emergency Medical Officer, the physician on call is obliged to attend as required by the patient's condition. Not all patients are necessarily seen by a physician, as nursing staff may be able to handle certain conditions. However, the physician on call has a duty to follow patients diligently and attend to patients as required by their condition and any changes in their condition.

II. THE RELEVANT FACTS ARE:

1. Dr. Roets is a family physician who provides emergency call services to the Emergency Department at a rural hospital.
2. On September 24, 2010 Dr. Roets was the physician on call for the Emergency Department and, at all times material to the telephone calls placed by nurses to him as set forth below, Dr. Roets was at a location which is less than 100 yards from the hospital.
3. The triage record documents the patient arrived at 0729 with a decreased level of consciousness, seizing and with an irregular pulse of 34 and a blood sugar of 32. The lab was called in and a cardiac monitor was established. The triage record also documents that Dr. Roets was contacted, but does not state the time of contact.
4. The patient record completed by nurses documents the following sequence of events:
    - 0730 hours – The patient's respiratory rate was 16 and his blood pressure was 97/58. The monitor showed PVC and asystole.
    - 0740 hours – Diazepam, 5 mg. IV given and blood was drawn.
    - 0745 hours – The patient had intermittent seizures and irregular pulse on palpation. The ECG showed multiple rhythms and only P-waves, no QRS complexes during seizure activity.
    - 0745 hours – Diazepam, 5 mg. IV given. Blood results came back with sodium of 139 and potassium of 6.5.
    - 0752 hours - The patient's pulse was 40 and respiratory rate 20. The nurses gave Atropine 1 amp. IV and Epinephrine 1 amp IV.
    - 0754 hours – 22U regular Insulin IV push given. The nurse had called Dr. Roets three times and he was on the way. The ECG showed sinus tachycardia at 103 rate.
    - 0758 hours – Atropine 1 amp given.
    - 0759 hours – Epinephrine 1 amp given. The patient's pulse was 40-60. The lab reported troponin at 0.03.
    - 0800 hours – The patient's heart rate increased to 68 – 91 after the second Atropine and Epinephrine. The blood sugar was 27 mmol and oxygen saturation was 99% on 10L.

- 0803 hours – The patient's blood pressure was 163/93, and he had seizures at 0802.
- 0805 hours - The nurses telephoned Dr. Roets for the fifth time, and informed Dr. Roets that the patient was unstable and he needed to come in.
- 0806 hours – The patient's pulse was 36.
- 0806 hours – The nurses telephoned Dr. Roets for the sixth time, and informed him that the heart rate was dropping at 30-60. Dr. Roets asked that another dose of Atropine be given. The nurses informed Dr. Roets to come in.
- 0807 hours – Atropine 1 amp. given.
- 0808 hours – Epinephrine 1 amp. given. The patient's blood sugar was 33.2 mmol.
- 0809 hours – The patient's pulse was 65, respiratory rate 18, and blood pressure 134/85.
- 0810 hours – The patient's oxygen saturation was 97%. A foley was inserted.
- 0812 hours – The patient's pulse was 89, respiratory rate 16, and blood sugar 24.8 mmol.
- 0814 hours – The patient's pulse was 55, blood pressure 194/80 and oxygen saturation was 95% with 10L mask
- 0815 hours - The patient's pulse was 36 – 51.
- 0817 hours – The nurses paced the patient at 70 beats per minute and 30 mA and it was capturing. The patient's blood pressure was 132/69.
- 0820 hours – The patient's pulse was 70-84, respiratory 24 and blood sugar was 24.5 mmol.
- 0825 hours - The nurses telephoned Dr. Roets for the seventh time, and insisted that he needed to come as the patient could "code" at any time.
- 0826 hours – The patient's pulse was 32 – 97, respiratory rate 22 and blood pressure 132/70. The monitor still showed many rhythms and the heart rate was fluctuating.
- 0835 hours – Dr. Roets arrived at the hospital, reviewed the results and treatments, and found a complete heart block. Dr. Roets determined that the patient should be transferred to HSC for a pacemaker. Arrangements were made with EMS for the transfer.

5. The nurse manager completed an incident report which states:
    - 0735 hours - The ER nurse telephoned Dr. Roets and asked him to come in immediately as there was a patient who was unstable and needed immediate medical attention. Dr. Roets gave verbal orders to do laboratory work and to give Diazepam for the seizures.
    - 0745 hours - The ER nurse telephoned Dr. Roets again after the patient had another seizure and episode of asystole. Dr. Roets ordered another dose of Diazepam. The ER nurses reminded Dr. Roets to come in immediately.
    - 0752 hours - The ER nurse telephoned Dr. Roets for the third time and he ordered one more dose of Atropine and Insulin Humulin R22 units, IV push. The ER nurse insisted Dr. Roets come in.
    - 0800 hours – The ER nurse telephoned Dr. Roets for the fourth time and provided the laboratory results. Dr. Roets was asked to come in as the patient was in critical condition. Dr. Roets said he would come in.
    - 0805 hours – The nurse manager called Dr. Roets (the fifth call to him) and asked Dr. Roets to come in immediately as the patient was unstable. The nurse manager reported that the heart rate was dropping even though the patient had had 2 doses of Atropine and Epinephrine. Dr. Roets ordered another dose of Atropine and said he would come.

- 0806 hours – The nurse manager called Dr. Roets (the sixth call to him) to come in immediately as the patient could crash at any time. The nurses had given maximum Atropine and 3 doses of Epinephrine, but the heart rate was dropping and the blood sugar was 33.2 mmol. Dr. Roets said he would come in.
- 0817 hours – The nurses decided to pace the patient even though they had no orders to do so.
- 0825 hours – The nurse manager called Dr. Roets (the seventh call to him) updating Dr. Roets on the patient's condition and insisting he come in immediately and reminded him that the patient could code at any time.
- 0835 hours – Dr. Roets arrived at the hospital.

6. The ER nurse and the nurse manager state that on each telephone call to Dr. Roets, they asked him to come in to see the patient and on every call, Dr. Roets said that he was coming.

7. At 0900 Dr. Roets was no longer on call.

8. The record documents that EMS arrived at 0932 and the patient was readied for transport. However, EMS staff returned to hospital to advise that the patient's heart rate continued to drop despite administration of Epinephrine. Staff tried to reach Dr. Roets by paging him in the hospital and calling his office and his home, but were unsuccessful, and so contacted the physician on call to see and assess the patient. This physician instructed staff to return the patient to the ER and gave orders for treatment and laboratory work. At 1045 hours, when Dr. Roets learned there had been a problem with the patient's pacing he attended and reassessed the patient. The patient was transferred to Winnipeg by ambulance. Dr. Roets initially instructed two nurses to accompany the patient, but the nurses felt that it was unsafe, and Dr. Roets agreed to accompany the patient.

9. In Dr. Roets' response to the Investigation Committee, he stated that:

   a. when he was first called about this patient at approximately 0735, he was advised that the patient had arrived in the ER with seizure like activity that had been present on and off for several days and the patient had not wanted to come to hospital for fear of losing his driver's licence, and that the patient had a blood sugar of 32. Dr. Roets gave an order for Diazepam 5 mg IV and ordered that blood work be done, including electrolytes with potassium levels, CBC and EKG.
   b. when Dr. Roets was first notified of the patient's arrival, he was not asked to come immediately in the first call, and was not informed of the patient's pulse rate as recorded on the triage record (irregular and 34).
   c. Dr. Roets was not informed of the asystole in the second call.
   d. Dr. Roets was made aware of the slow pulse (40) by the third call (at 0752) and he then regarded it as urgent that he attend to see the patient.
   e. Dr. Roets was not made aware until the third call at 0752 of any cardiovascular problems. Dr. Roets believed that he ordered Atropine and, if that was not effective, Epinephrine was to be added. As the potassium levels were available, Dr. Roets ordered Insulin Humulin R22 units.
   f. when Dr. Roets called back to learn the effect of the Atropine, he was advised that the pulse rate was 65 and he then thought it not as urgent that he attend immediately.
   g. Dr. Roets was not advised of the seizures occurring at 0802. At 0803, he was advised that the patient's vital signs were essentially normal.
   h. it was not until the fourth or fifth call that the nurse asked "Are you coming in "right now?".

i. Dr. Roets was not made aware that the patient had had several doses of Atropine and Epinephrine.
j. Dr. Roets was not advised that the patient's pulse dropped to 36.
k. Dr. Roets was not made aware at any time before he arrived at the Hospital that the patient was being paced.
l. had Dr. Roets been aware of the low pulse rate and asystole, he would have been more concerned.
m. Dr. Roets was not asked by the nurses to come in during every call.
n. a patient who is receiving transcutaneous pacing requires a physician to be present.
o. the decision to accompany the patient to Winnipeg was made by Dr. Roets after balancing the needs of this patient and the needs of other patients, including the impact of cancellation of his fully booked clinic for the day and the dialysis unit for which he was also responsible that day.

10. The patient recovered and returned to the community after treatment in Winnipeg.

III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. ROETS' LACK OF CARE, SKILL AND JUDGMENT IN THIS CASE, PARTICULARLY: Dr. Roets failed to attend to the patient in a timely fashion when he had a life-threatening condition.

Dr. Roets paid the costs of the investigation in the amount of $3,284.15.