

# **COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA**

IN THE MATTER OF:      *The Medical Act*, S.N.S. 1995-96, c. 10

-    and    -

IN THE MATTER OF:      A Settlement Agreement concerning Dr. Mary Sidhom  
recommended under under Section 57 of the *Medical  
Act*

DATE HEARD:              May 08, 2008

LOCATION:                  Halifax, Nova Scotia

HEARING COMMITTEE:    Mr. Raymond Larkin, Q.C., Chair  
Dr. Heather Robertson  
Dr. Ethel Cooper-Rosen  
Dr. Cynthia Forbes  
Mr. Harold Bezanson  
Dr. Shelagh Leahey

COUNSEL:                  Ms. L. Manning, Counsel to Dr. Sidhom  
Ms. Marjorie Hickey, Q.C., Counsel for the College of  
Physicians and Surgeons of Nova Scotia

1. This is the decision of a Hearing Committee appointed under the *Medical Act* on a matter referred from Investigation Committee “B” pursuant to subsection 53(12)(d) of the *Act*. The Hearing Committee has been advised of a settlement agreement between the College of Physicians and Surgeons of Nova Scotia (the “College”) and Dr. Mary Sidhom, a medical practitioner in the Province of Nova Scotia and a member of the College. The proposed settlement agreement has been consented to by legal counsel for the College, Marjorie A. Hickey, Q.C. and recommended for acceptance by Investigation Committee “B”.

2. The complaints against Dr. Sidhom and the charges referred to the Hearing Committee in this matter are set out in the proposed settlement agreement recommended by Investigation Committee “B”. The settlement agreement also sets out the agreement of the College and Dr. Sidhom on the disposition of the complaints and these charges.

3. The proposed settlement agreement was considered by the Hearing Committee at a hearing on May 8, 2008. The Hearing Committee accepts the recommendation of Investigation Committee “B” and incorporates the settlement agreement into this decision as Schedule “A”.

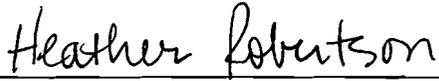
4. Accordingly it is ordered that:

1. Dr. Sidhom is reprimanded pursuant to Section 53(12)(h) of the *Medical Act*;
2. Given satisfactory completion of the clinical traineeship approved by the College, the restriction on Dr. Sidhom’s licence preventing her from providing pre-natal care to patients is hereby removed; and
3. Dr. Sidhom is ordered to pay costs in the amount of \$3,000., inclusive of HST in accordance with the provision of the settlement agreement dealing with costs.

Dated at Halifax, Nova Scotia this 08<sup>th</sup> day of May, 2008.



Raymond F. Larkin, Q.C.



Dr. Heather Robertson



Dr. Ethel Cooper-Rosen



Dr. Cynthia Forbes



Mr. Harold Bezanson



Dr. Shelagh Leahey

SCHEDULE "A"

PROVINCE OF NOVA SCOTIA )  
COUNTY OF HALIFAX )

IN THE MATTER OF: The *Canada Evidence Act*

- and -

IN THE MATTER OF: The *Medical Act*, R.S.N.S. 1995-96, c.10

- and -

IN THE MATTER OF: Dr. Mary Sidhom

**SETTLEMENT AGREEMENT**

Dr. Mary Sidhom, a medical practitioner in the Province of Nova Scotia, and a member of the College of Physicians and Surgeons of the Province of Nova Scotia (the "College"), hereby agrees with and consents to the following in accordance with the provisions of the *Medical Act*, R.S.N.S. 1995-96, c.10.

**I. STATEMENT OF FACTS**

1. Dr. Sidhom practices family medicine in Halifax, Nova Scotia.
2. On December 7 2005, Patient A, a 35 year old female was seen by Dr. Sidhom. Patient A presented with a first trimester pregnancy with a last menstrual period on October 5, 2005. She reported having vaginal bleeding on October 31, 2005.
3. As this was the first time Dr. Sidhom was seeing Patient A, a full history and physical exam was conducted. During the history taking, Patient A advised that she had three previous miscarriages and an incompetent cervix that required treatment.
4. Dr. Sidhom requested a beta human chorionic gonadotropin (BhCG) to document and verify the pregnancy. Patient A was also sent for routine blood work, and was asked to book a follow-up appointment a week later.
5. Dr. Sidhom did not refer Patient A to an Obstetrician for a consultation.
6. Patient A was seen again on December 16, 2005. At that time Dr. Sidhom discussed the results of the tests from the previous appointment. Dr. Sidhom conducted a pre-natal exam and questionnaire, and provided Patient A with pre-natal counseling and education. Dr. Sidhom also requested relevant pre-natal

blood work and serology. Patient A was asked to book routine pre-natal follow-ups every four weeks, unless a specific concern arose.

7. Patient A requested to see Dr. Sidhom on January 31, 2006. She complained of abdominal pain and some vaginal bleeding. Dr. Sidhom recommended Patient A take Tylenol for the pain. No examination was conducted and no referral to an Obstetrician was made.
8. Patient A was seen for a scheduled appointment on February 10 2006 at approximately fourteen weeks gestation. No bleeding was detected, Patient A's cervix was normal, and the examination procedure was well tolerated. No assessment for fetal heart rate was conducted.
9. On March 3, 2006, at approximately 17 weeks gestation, Patient A was seen by Dr. Sidhom during a regular scheduled follow-up. Patient A complained of a vaginal discharge occurring over the previous three days. A quantitative BhCG and ultrasound were ordered. No vaginal exam was conducted and no examination of fundal height or fetal heart rate was performed.
10. Patient A attended the Emergency Department of the QE II Hospital on March 4, 2006 complaining of lower abdominal pain, back pain, discharge, and minor vaginal bleeding. An assessment confirmed intrauterine fetal demise. Patient A was transferred to the IWK for a medical evacuation of the uterus.
11. On December 30, 2005, Patient B, a 30 year old female was seen by Dr. Sidhom. Patient B presented with a first trimester pregnancy with a last menstrual period on November 5, 2005. Patient B had learned of the pregnancy through a home pregnancy kit. She had never seen Dr. Sidhom before. On December 30, 2005, Dr. Sidhom conducted a full history and examination of Patient B. A blood test and a confirmatory BhCG was requested. The full examination included height, weight and body mass index which was 36.
12. Upon receipt of the positive BhCG report Patient B was contacted to schedule a follow-up appointment.
13. Patient B was seen again on February 7, 2006 at approximately thirteen and a half weeks gestation. At that time a pre-natal examination was performed, including recording blood pressure and weight of the Patient. A serology report was reviewed. No examination for fetal heart rate was conducted.
14. Patient B was again seen on March 7, 2006 at approximately sixteen weeks gestation. A pre-natal assessment was conducted. The assessment included recording blood pressure and weight of the Patient. An ultrasound was ordered. No fundal height was measured and no fetal heart rate was assessed.

15. An ultrasound on March 14, 2006 showed a live fetus at seventeen weeks, three days.
16. Patient B was again seen on April 7, 2006. A pre-natal assessment was conducted, including recording blood pressure and weight of the Patient. Dr. Sidhom monitored fetal heart sounds, and fetal heart rate. The results of the ultrasound were also reviewed.
17. April 7, 2006 was the first day that fetal heart rate was monitored.
18. An ultrasound on April 5, 2006 showed a live fetus at twenty weeks, and six days.
19. Patient B was again seen on May 5, 2006 for a routine pre-natal assessment, at approximately twenty-seven weeks gestation. Patient B says that it took more than twenty minutes to identify and quantify audible heart rate. Dr. Sidhom agrees that she had difficulty identifying the fetal heart rate, but disagrees that it took more than twenty minutes. Dr. Sidhom states that the fetal heart rate was heard and she recorded it as normal. Fundal height was recorded.
20. May 5, 2006 was the first time fundal height was measured.
21. On May 7, 2006 Patient B, concerned about the examination conducted by Dr. Sidhom on May 5, 2007, elected to attend the Emergency Department at the IWK. An assessment conducted at the IWK showed an intrauterine death. Patient B had labour induced on May 8, 2006 for delivery of the deceased fetus.
22. On May 8, 2006 Patient A lodged a complaint against Dr. Sidhom with the College of Physicians and Surgeons of Nova Scotia (the "College").
23. On July 23, 2006 Patient B lodged a complaint against Dr. Sidhom with the College.
24. Following a meeting of the Investigation Committee of the College on December 14, 2006, the Committee imposed restrictions on Dr. Sidhom's practice, where Dr. Sidhom was restricted from engaging in prenatal care of patients until the matter was resolved by the Investigation Committee. On the same date, the College's Investigation Committee requested that an audit be conducted on Dr. Sidhom's practice. The general practice audit included 10 adult charts, 10 pediatric charts, and 18 pre-natal charts. The practice auditor also reviewed patient charts for Patients A and B.
25. The result of the audit of the adult charts, showed no instances of inadequate or inappropriate care. In the pediatric charts reviewed, the auditor found that Dr. Sidhom referred patients early and promptly when she detected an abnormality. The auditor noted that in some instances the reason for the referral was consistent

with a less experienced clinician, but concluded that there were no instances of inappropriate or inadequate care.

26. With respect to the pre-natal charts reviewed, the auditor found that although Dr. Sidhom began pre-natal care early in the pregnancy with her patients, Dr. Sidhom did not listen to fetal heart tones and did not document the size of the uterus prior to the second trimester. The auditor noted that the standard "is to listen for fetal heart tones at every visit as they are audible as early as ten weeks. Bimanual exam at the first prenatal visit is also routine to assess uterine size for dating purposes and subsequently, if indicated, to monitor growth. In my opinion both of these are key elements of routine pre-natal care".

## II. COMPLAINT

27. At an Investigation Committee "B" meeting on May 31, 2007, the Investigation Committee determined that the original complaints filed by Patients A and B against Dr. Sidhom, as well as the auditor's observations regarding failure to listen to the heart tones and failure to document the size of the uterus, should be referred to a Hearing Committee pursuant to Section 53(12) of the Medical Act.
28. A Notice of Hearing issued by the College refers the following allegations to the Hearing Committee:

THAT being registered under the *Medical Act*, R.S.N.S., 1995-96, c.10, and being a medical practitioner in the Province of Nova Scotia during the following relevant periods, it is alleged that:

1. Between December 2005 and March 2006, you failed to recognize a patient's history, including previous miscarriages and a possible incompetent cervix, as a significant factor warranting an immediate referral of the patient to an obstetrician.
2. On several occasions, you failed to provide timely and appropriate assessment and monitoring of patients during prenatal care, including the failure to:
  - a. measure fetal growth and fundal height during the first trimester; and
  - b. listen for and/or adequately assess fetal heart rate.
3. On January 31, 2006 and March 3, 2006, you failed to perform a detailed investigation of bleeding and spotting of a patient presenting in the first trimester.

### III. ADMISSIONS

29. Dr. Sidhom admits the allegations set out in the Notice of Hearing and admits the allegations constitute a disciplinary matter.

### IV. DISPOSITION

30. Following the referral of this matter by the Investigation Committee to the Hearing Committee, Dr. Sidhom agreed to participate in a clinical traineeship focused on early prenatal care, to last not less than five (5) days or forty (40) hours, the details of which are to be approved by the College. Dr. Sidhom undertook the traineeship program at the IWK Health Centre in the Department of Obstetrics and Gynaecology, and completed the traineeship on February 14, 2008. The three physicians involved in conducting the traineeship concluded "Dr. Mary Sidhom has demonstrated a provision of appropriate and competent antenatal care during this clinical traineeship".

31. The parties hereby consent to the following:

1. Dr. Sidhom is reprimanded pursuant to Section 53(12)(h) of the *Medical Act*;
2. Given the satisfactory completion of the clinical traineeship approved by the College, the restriction on Dr. Sidhom's licence preventing her from providing prenatal care to patients is hereby removed.

### V. COSTS

32. Dr. Sidhom agrees to pay costs in the amount of \$3,000.00, inclusive of HST, as a contribution towards the College's costs for the conclusion of this matter (the "Costs"). The Costs shall be paid no later than June 30, 2008, failing which Dr. Sidhom's licence shall be suspended until the Costs are completely repaid. The Costs are a debt due to the College, recoverable by way of civil action in the event Dr. Sidhom does not fulfill cost obligations set out in this paragraph. Dr. Sidhom agrees that in the event she defaults on her obligations pursuant to this paragraph, judgment shall be entered against her in Nova Scotia or such other jurisdiction in which she may reside at the time of default, for the balance of the Costs remaining unpaid together with interest compounded at the rate of six percent (6%) per annum.

**VI. EFFECTIVE DATE**

33. This Settlement Agreement shall only become effective and binding when it has been recommended for acceptance by the Investigation Committee of the College, and accepted by the Hearing Committee appointed to hear this matter.

DATED at Halifax, Nova Scotia this 10<sup>th</sup> day of April, 2008.

[Signature]  
WITNESS

[Signature]  
DR. MARY SIDHOM

DATED at Halifax, Nova Scotia this 11 day of April, 2008.

[Signature]  
WITNESS

[Signature]  
MARJORIE A. HICKEY  
COUNSEL FOR THE COLLEGE OF  
PHYSICIANS AND SURGEONS  
OF NOVA SCOTIA

DATED at Halifax, Nova Scotia this 15 day of April, 2008.

[Signature]

[Signature]  
CHAIR,  
Investigation Committee "B"  
of the College of Physicians and Surgeons  
of Nova Scotia

DATED at Halifax, Nova Scotia this 8<sup>th</sup> day of May, 2008.

[Signature]  
CHAIR,  
The Hearing Committee  
of the College of Physicians and Surgeons  
of Nova Scotia