

REVISED NOTICE OF HEARING
September 27, 2007

August 28, 2007

PERSONAL AND CONFIDENTIAL

Dr. Stani Osif
c/o Thomas P. Donovan, Q.C.
Cox & Palmer
PO Box 2380 Central
1100 Purdy's Wharf Tower One
1959 Upper Water Street
HALIFAX NS B3J 3E5

Dear Dr. Osif:

On behalf of the College of Physicians and Surgeons of Nova Scotia, notice is hereby given to you that in consequence of complaints made against you, a Hearing is to be held into the following matters:

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 periods listed below, it is alleged that:

1. You failed to demonstrate adequate skill, care, and knowledge:

- (i) on April 5, 2001, during the emergency room management of a fracture-dislocation of the shoulder where there was evidence of neurological compromise; and
- (ii) on May 29, 2006, during the emergency room management of a fracture-dislocation of an ankle

by failing to perform immediate and effective reduction, and failing to provide appropriate pain management;

2. On or about June 15 and June 23, 2003, you failed to demonstrate adequate skill, care, and knowledge during the emergency room management of a patient with significant pre-existing medical problems, who presented with generalized pain, breathing problems and slurred speech, including the failure to:

- (i) provide adequate investigative tests;
- (ii) **CHARGE WITHDRAWN**
- (iii) properly diagnose the patient's medical condition;
- (iv) refer the patient to an appropriate expert; and/or
- (v) establish proper follow-up management;

3. On December 13, 2005, you failed to demonstrate adequate skill, care, and knowledge during the emergency room examination of an eleven year old patient presenting with fever, vomiting, and abdominal pain, including :
 - (i) the failure to take an appropriate history, including the failure to take into account information from nurses' notes;
 - (ii) the failure to perform an appropriate physical examination;
 - (iii) the failure to request the necessary investigative tests;
 - (iv) the failure to properly analyze a urinalysis, resulting in a misdiagnosis of a urinary tract infection;
 - (v) the failure to properly diagnose a serious medical condition;
 - (vi) the failure to refer the patient to an appropriate expert; and/or
 - (vii) the failure to establish proper follow-up management.

4. In the following cases you failed to demonstrate the appropriate assessment, request the necessary investigative tests, take the appropriate histories, and/or have sufficient evidence available prior to reaching a diagnosis:
 - (i) An 11 year old female complaining of asthma, who you diagnosed with pharyngitis;
 - (ii) A 3 year old female with sore throat x 3 days, temperature of 37.9 who you diagnosed with pharyngitis;
 - (iii) A 9 year old female with sore throat and temperature of 37.5 who you diagnosed with pharyngitis;
 - (iv) A 14 year old male with diarrhea and vomiting and temperature of 36.0, who you diagnosed with pharyngitis;;
 - (v) A 12 year old female with earache and a history of asthma with a temperature of 36.8, who you diagnosed with Otitis Media and pharyngitis;
 - (vi) An 8 year old female with sore throat and a temperature of 37.4 who was diagnosed with bilateral Otitis Media and pharyngitis;
 - (vii) A 2 year female with fever, sore throat and cold symptoms, temperature of 37.8 who you diagnosed and pharyngitis;
 - (viii) A 33 year old male with sore throat and cough for one week, temperature 37, and chest clear who you diagnosed with pharyngitis;
 - (ix) three cases on February 5, 2007 where you conducted examinations in the Emergency Department of the QEII in the presence of an assessor;
 - (x) a case on February 6, 2007 at the Dartmouth General Hospital where you conducted an examination in the presence of an assessor on a patient with a history of ischemic heart disease who presented with shortness of breath and where you reached a worked diagnosis of anxiety/depression;
 - (xi) a simulated case on February 7, 2007 where a 6 year old patient presented with a seizure and you assumed this was a febrile seizure and did not give appropriate consideration to the child's history and did not consider the differential diagnosis of meningitis;
 - (xii) a simulated case on February 7, 2007 where you failed to consider a differential for unknown altered level of consciousness in the case of a 49 year old unconscious patient;
 - (xiii) a case on February 8, 2007 at the QEII where you conducted a disorganized and incomplete examination in the presence of an assessor of a 50 year old patient with an altered level of consciousness.

5. In the following cases you inappropriately ordered or failed to order the appropriate or recommended first line of antibiotics in response to your diagnosis:

- (i) **CHARGE WITHDRAWN**
- (ii) **CHARGE WITHDRAWN**
- (iii) **CHARGE WITHDRAWN**
- (iv) A 9 year old female with sore throat and temperature of 37.5 who you diagnosed with pharyngitis; and treated with Ceclor;;
- (v) **CHARGE WITHDRAWN**
- (vi) A 12 year old female with earache and a history of asthma with a temperature of 36.8, who you diagnosed with Otitis Media and pharyngitis and treated with Clindamycin;
- (vii) An 8 year old female with sore throat and a temperature of 37.4 who was diagnosed with bilateral Otitis Media and pharyngitis and treated with Ceclor;
- (viii) A 2 year female with fever, sore throat and cold symptoms, temperature of 37.8 who you diagnosed with pharyngitis and treated with Zithromax;
- (ix) A 33 year old male with sore throat and cough for one week, temperature 37, and chest clear who you diagnosed with pharyngitis and treated with Ceclor;
- (x) A 24 year old female with dysuria and a temperature of 36.3 who you diagnosed with a UTI and treated with a 7 day course of Norfloxacin;and
- (xi) A 26 year old female with PV spotting and a negative urinalysis who was treated with Norfloxacin.

6. In a document provided to a College assessor addressing complaints lodged with the Cape Breton District Health Authority you provided an inappropriate explanation:

- (i) as the basis of your referral of a patient to a specialist on April 10, 2002;
- (ii) by diagnosing a patient on June 15, 2003 with otitis and stating "This complaint reflects unavailability of hospital beds" ; and
- (iii) by stating in response to a complaint of a failure to locate and remove a foreign body in a patient's arm, "This was likely case of self administration of Oxycontin tablet intramuscular way. This method of drug abuse is known in this area, however I did not think about this possibility when this girl presented to ER."

7. With respect to your medical care provided to a patient on December 13, 2005 you provided an inaccurate account of an emergency room physical examination conducted on a patient, both on the patient's chart and when asked to do so by the Supervisor of the Emergency Department .

8. On a number of occasions you failed to communicate with others in an effective and/or courteous manner, specifically you failed to:
- (i) uphold adequate professional courtesy to another emergency room physician on June 15, 2003;
 - (ii) appropriately respond to reasonable concerns raised by a family member of a patient on June 23, 2003;
 - (iii) appropriately respond to reasonable concerns raised by a family member of a patient on December 13, 2005.

AND in relation to any or all of the above it is alleged that the conduct amounts to professional misconduct and/or professional incompetence and you therefore may be guilty of a disciplinary matter within the meaning of the *Medical Act*.

Notice is further given to you that commencing at 9:30 in the forenoon on September 27, 2007, and continuing on September 28, 2007, October 1 to October 5, 2007, October 9, 2007, October 10, 2007, and November 5 to November 9, 2007, and November 13 to November 15, 2007, a Hearing Committee will convene at the Residence Inn by Marriott, 1599 Grafton Street Halifax Nova Scotia, to consider the above charges against you, and to determine whether action should be taken pursuant to Section 66 of the *Medical Act*.

You have a duty to appear before the Hearing Committee with or without legal counsel at the place and time specified above for the purpose of answering charges. If you do not appear, the Hearing Committee has the authority pursuant to Section 58(8) of the *Medical Act* to proceed with the Hearing and render its decision on the charges in your absence. Any answer, admission or other statement or communication which you may wish to make with respect to the charges should be addressed to the legal counsel for the College.

The provisions of Section 59 of the *Medical Act* are to be observed with respect to disclosure of written documentary evidence including expert evidence.

A copy of Sections 58 – 68 of the *Medical Act*, relating to Hearing Committees, is enclosed for your information.



Dr. Cameron Little
Registrar
College of Physicians and Surgeons of Nova Scotia

Enclosures

(AH-1498, #1058442)