

Outlook on Halton Hills

'No apparent change' in MD's practice

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the MAC agreed there were still significant areas of concern," said Dr. Hoddinott.

During the review a new problem concerning Dr. Ford's handling of cervical lesions was examined, he said.

When the review was complete, the MAC was making decisions about reapplications for privileges by doctors in the hospital.

In November of 1985, Dr. Ford handled a case involving a woman who had attempted suicide a number of times and had been in and out of the hospital, said Dr. Hoddinott. She was taking high doses of anti-depressants and she was experiencing weight loss and unusual discharge from her breasts. Dr. Ford performed an operation on the

woman against Dr. Hoddinott's advice, he told the board.

"I told Dr. Ford he shouldn't be doing this without further investigation. I did not tell him he must not do the (operation)," said Dr. Hoddinott.

"I was still concerned that there had been no apparent change despite all the controversy," he said of Dr. Ford's practice.

That same month Dr. Hoddinott asked Dr. Ford for a written explanation of his management of a case involving a foaling breech (the baby is coming down the birth canal feet first).

"I thought it was very poorly managed," he said of the case.

Dr. Ford earlier testified he never formally responded to the request because he left on vacation.

The MAC met with Dr. Ford Jan. 24 and 27 of 1986, said Dr. Hoddinott. Dr. Ford earlier testified he was only allowed to see the reports by Doctors Gall and Kurdyak for ten minutes in a doctor's office before the meetings. Dr. Hoddinott claimed Dr. Ford had sufficient time to examine the reports.

The MAC discussed many cases with Dr. Ford during the two meetings including one case which was "so complicated that we couldn't make sense of what went on with the patient."

Problems discussed with Dr. Ford's practice at the two meetings included lack of documentation, lack of conservative management in uterine bleeding, the high number of D and C operations he performed, the high number of hysterectomies

he conducted, diagnoses and management of cervical lesions, failure to follow guidelines for premature ruptured membranes, management of inter-uterine growth retardation and no use of fetal growth charts in the case of small babies.

Most of those issues were discussed in the May, 1985 meeting, said Dr. Hoddinott.

Following the Jan. 27, 1986 meeting the MAC met on Jan. 30 and on Feb. 24 to decide on whether or not to renew Dr. Ford's privileges, said Dr. Hoddinott.

"The biggest concern of these matters was that there was no ability to change," he said.

He acknowledged that there was dissent over the investigations of Dr. Ford. "Some people were saying the MAC was picking on Dr. Ford. Everyone including the nurses were asking questions," he said.

Dr. Ford's reapplication for gynecological privileges was rejected Feb. 24. At the same meeting some emergency obstetrical privileges were allowed, said Dr. Hoddinott.

Dr. Hoddinott said he didn't think

there was enough evidence to restrict Dr. Ford's obstetrical privileges other than his dealings with premature ruptured membranes.

He said Dr. Ford was given the opportunity to withdraw his application for privileges and resubmit for the privileges to be allowed in order to avoid an appeal process.

However Dr. Ford appealed the restricted privileges which allowed him to retain his hospital privileges.

Three incidents prompted medical advisory review

By BRIAN MacLEOD
Herald Staff

Dr. Boyd Hoddinott recalled three cases in the fall of 1986 which helped bring the Medical Advisory Committee's case against Dr. Jack Ford to a head.

The hearings examining Dr. Ford's appeal of his restricted privileges began in September of 1986, said Dr. Hoddinott.

In October, Dr. Debbie Zeni, who works in the hospital nursery, complained about a baby which was left with low blood sugar for several days after delivery, said Dr. Hoddinott.

While investigating the case Dr. Hoddinott said he found it to be "gross mismanagement of a diabetic."

Dr. Zeni had wanted to transfer the baby to a bigger medical facility but Dr. Ford didn't transfer the baby, said Dr. Hoddinott.

There was no evidence of blood sugar counts recorded in Dr. Ford's charts, he said.

The baby was diabetic, suffering from very low blood sugar and was twitching, he said.

Two other cases cropped up within six weeks, he said.

In one case a baby's spinal chord was snapped. Dr. Hoddinott said he investigated the case by talking to nurses. "The nurses had concern about the case," he said.

He decided to "leave it alone" because there was still potential for legal action by the family.

The third case was the much discussed VBAC (vaginal birth after caesarian), said Dr. Hoddinott.

In that case, the hospital's other obstetrician, Dr. Valerie Kumar, complained about being left to take care of Dr. Ford's patient which was a high risk delivery, he said. Dr. Ford returned from a trip to Toronto in time to deliver the baby.

That case prompted the MAC to

develop VBAC guidelines, said Dr. Hoddinott.

In January, 1987 the MAC began investigating Dr. Ford's deliveries involving mid-forceps and Dr. Hoddinott approached the new Executive Director at the hospital, Mark Rochon about Dr. Ford.

Then another case involving mid-forceps resulted in a baby being born with a damaged eye, said Dr. Hoddinott. The baby was transferred to Sick Children's Hospital in Toronto, he said.

Then, the MAC asked Dr. Drew Allin, a gynecologist and obstetrician at Women's College Hospital in Toronto, to review Dr. Ford's obstetrical practice.



Dr. Alex Furness

In March, Dr. Alex Furness wrote a letter to Dr. Hoddinott saying he was "dragging my heels," said Dr. Hoddinott.

"He thought I should remove Dr. Ford's privileges," he said.

Dr. Hoddinott said he then learned about a letter written by an unnamed

physician to a coroner about the October, 1986 broken spinal chord case which called it "gross obstetrical mismanagement."

He also learned of a case in which a baby suffered nerve damage during delivery resulting in a case of Erb's Palsy (the nerve damage cleared itself up quickly, the Board heard in earlier testimony).

"At that point I felt I had a duty to revoke Dr. Ford's privileges," said Dr. Hoddinott.

He asked Mr. Rochon to approach the hospital board but Mr. Rochon persuaded him to wait until Dr. Allin had submitted his report on Dr. Ford's obstetrical practice, said Dr. Hoddinott.

Upon receiving Dr. Allin's report April 6, Mr. Rochon and Dr. Hoddinott brought up a motion to revoke Dr. Ford's hospital privileges the following day and that was approved unanimously, said Dr. Hoddinott.

Under intense cross-examination by Dr. Ford's lawyer, Gavin MacKenzie, Dr. Hoddinott said he was often seen as Dr. Ford's main adversary. "Some physicians said I'm the one responsible and others feel the MAC was responsible," said Dr. Hoddinott.

Mr. MacKenzie reminded the board that Dr. Hoddinott alone went to the College of Physicians and Surgeons and he recommended revoking Dr. Ford's privileges.

"Do you want to be fair to Dr. Ford?" asked Mr. MacKenzie.

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