

Outlook on Halton Hills

Dr. Ford hearing

Expert witness concerned with some procedures

By BRIAN MacLEOD

Herald Staff

An expert witness for the Georgetown hospital testified Jan. 12 that in three different cases he reviewed, Dr. Jack Ford showed "poor judgement."

Dr. Drew Allin, a doctor at Toronto's Wellfleet Hospital, has conducted reviews for the Canadian Medical Protective Association.

He was asked by Georgetown Hospital Executive Director Mark Rochon to review charts for three of Dr. Ford's patients.

In a covering letter to Georgetown hospital lawyer Joshua Liswood about the cases, Dr. Allin said "Dr. Ford showed poor judgement and a quality of care that was not up to standard."

After reviewing a further 29 charts to gage Dr. Ford's practice at the same time, Dr. Allin, who said he never met Dr. Ford, told the Board: "Bad things can happen to good people but the sheer volume of bad things that has happened here overwhelmed me."

In one case, involving the use of mid-forceps which eventually resulted in the baby suffering a broken neck, Dr. Allin said the forceps were applied too quickly. Dr. Ford had previously testified that the average second stage of labor is an hour before forceps are applied. In this case the forceps were applied 25 to 35 minutes into second stage, said Dr. Allin.

Neither the mother nor the baby showed any signs of distress, he said. "I felt this was a very short time before a rather major step was taken," he said.

The baby died at Sick Children's Hospital in Toronto after growing to about 12 pounds, said Dr. Allin.

Dr. Ford has also previously testified that he doesn't call an anaesthetist before deliveries because hospital policy says they are always available within an hour.

But Dr. Allin stressed that having an anaesthetist at arm's length gives a doctor the psychological advantage of halting the mid-forceps delivery if it seems difficult. An anaesthetist must be present if a doctor is to halt a mid-forceps delivery and perform a Caesarian section.

"To walk into these possibilities without having an anaesthetist (ready for a Caesarian section) is bad judgement," he said.

"Most of us agree there is no place, or very little, for a difficult mid-forceps delivery. To initiate a difficult mid-forceps delivery in a hurry shows lack of judgement," he said.

The questioning then turned to Dr. Ford's choice of forceps.

The doctor earlier testified he uses Simpsons forceps because he feels more comfortable with them. But Dr. Allin said rotating a baby during delivery, as Dr. Ford did in this case, often requires use of Kielland forceps. The Kielland forceps has a sliding lock to allow easier application to the baby's head, said Dr. Allin. "It's safer for the baby."

Another case involved a baby who suffered a lacerated eye after a mid-forceps delivery. The baby was transferred to Sick Children's Hospital in Toronto with a suspected scratched cornea.

Second stage of labor lasted only 39 minutes after a 27-hour first stage, said Mr. Liswood.

Applying the forceps at that time "was rushing the situation," said Dr. Allin.

He questioned Dr. Ford's use of a local anaesthetic in the delivery. Dr. Ford has previously testified he prefers a local anaesthetic to an Epidural Block or a Pudendal Block. One of the latter two types of anaesthesia are necessary to perform a Caesarian section.

"Local anaesthetic... I feel is less than ideal when you're dealing with a mid-forceps delivery," said Dr. Allin. He said an anaesthetist should always be present when performing a mid-forceps delivery - which he called always potentially dangerous - in case a Caesarian section is needed.

The third case Dr. Allin examined was the much-discussed VBAC (vaginal birth after Caesarian). Dr. Ford said the woman had her first Caesarian section because of the presence of active herpes and the second Caesarian was performed because it was hospital policy at the time that "once a Caesarian always a Caesarian."

He said the VBAC was high risk and facilities should be in place to perform a Caesarian section within half an hour of labor.

However, Dr. Ford went to Toronto that day. She was showing possible signs of labor but it may have only been a type of cramps, Dr. Ford earlier testified.

He said he asked Dr. Valerie

Kumar to look after the delivery if he couldn't make it back in time.

"He put himself beyond the time limit which is reasonable which is half an hour (by going to Toronto)," Mr. Liswood said.

Mr. Liswood said Dr. Ford never officially transferred the case to Dr. Kumar and never gave her the background information on the case.

"Is that an acceptable situation to carry out a VBAC," asked Mr. Liswood.

"No it is not," replied Dr. Allin. Dr. Allin said he had five areas of concern in Dr. Ford's practice.

His use of Dilatage and Curettage (D and C) operations for dysfunctional uterine bleeding is "not an effective treatment," said Dr. Allin.

Dr. Ford's surgical treatment of urinary stress incontinence caused by an infection "isn't usually effective," he said.

"In many cases the patient will respond to medical treatment first."

He said many cases of urinary incontinence require a "urodynamic workup" (further investigation) before surgery.

Dr. Allin said he also questioned Dr. Ford's practice of performing mid-forceps deliveries with a local anaesthetic, and his tendency to reinsert IUDs (inter uterine devices) in the presence of abnormal bleeding.

"That is a glaring example of inappropriate use of an IUD," he said.

Dr. Allin said his final concern was Dr. Ford's management of patients with premature ruptured membranes.

Under cross-examination, Dr. Ford's lawyer, Gavin MacKenzie, told Dr. Allin that the doctor used mid-forceps in only five per cent of his deliveries during his eight-year practice. Dr. Allin testified that four to five per cent is average.

At that point, Mr. Liswood indicated that he would introduce evidence saying Dr. Ford used mid-forceps in eight per cent of his deliveries in the last few years of his practice - at a time when increased OHIP fees for mid-forceps deliveries were introduced.

Would your worries be alleviated if (Dr. Ford) changed his practice?" asked Mr. MacKenzie.

"I would be encouraged, not necessarily alleviated," replied Dr. Allin.

Turning his attention to the VBAC case, Mr. MacKenzie asked: "Is it your understanding that Dr. Ford

came back and took care of the baby (Dr. Ford delivered the baby)?"

"No," Dr. Allin said. "We can take it as a given that Dr. Ford did deliver (the baby)," said Appeals Board Chairman Thomas Wood.

Mr. MacKenzie also questioned the use of chart review as sufficient means for review.

"Chart review has withstood the test of time. It is an effective though imperfect means of investigation," said Dr. Allin.

He said the Ontario College of Physicians and Surgeons use the chart reviews to conduct their investigations.

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Immunizations

The Halton Regional Health Department Immunization Clinic is now held the first Wednesday of each month from 3:30 - 7 p.m. at the Burlington office - 460 Brant Street and the second Tuesday of each month, 3:30 - 7 p.m. alternating between the Georgetown office - 93 Main St. S. and the Milton office - 251 Main Street.

For an appointment call the Health Department office at 877-2238.



Pam Lowes

Cathy McGough

The Herald is pleased to announce the hiring of Cathy McGough, 27, as the new advertising sales consultant.

She replaces Pam Lowes, 25, who is joining the Sarala Daily Observer Jan. 25 as a member of their sales staff.

Cathy was born and raised in Stratford, Ont., and has six years experience in advertising with the Stratford Beacon-Herald, a daily newspaper.

Pam Lowes worked formerly for the Simcoe Daily Reformer, Brantford Exporter and the Halton Hills Herald.

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