

ROYAL COLLEGE OF VETERINARY SURGEONS

V

MISS MARGARIDA DOS SANTOS CORREIA MRCVS

FINDINGS

Dr Margarida Dos Santos Correia MRCVS appeared before the Disciplinary Committee of the Royal College of Veterinary Surgeons on the following charge:

That being registered in the Register of Veterinary Surgeons and whilst in practice at Clifford George Partnership, Lady Dane Veterinary Centre, Graveney Road, Faversham:

on 30 September 2005, having identified that Prune, a horse belonging to Dr Jane Leadsham, was severely lame in the left hind leg and that the leg might be fractured, you failed to provide adequate professional care, in that you caused and/or permitted Prune to be transported a distance of approximately 50 miles without adequate physical support.

and that in relation to the facts alleged you have been guilty of disgraceful conduct in a professional respect.

The Committee heard that the horse, a thoroughbred gelding (Prune), owned by Dr Jane Leadsham had been examined by Dr Correia on three occasions, on 26, 29 and 30 September 2005 for the treatment of an unexplained puncture wound situated high on the inside of the left hind leg. This initially resulted in a minor lameness which suddenly worsened to the point of a 10/10 lameness, acute swelling of the leg and seepage from the puncture wound.

On 30th September 2005, Dr Correia, after a telephone conversation with her senior veterinary surgeon, decided to refer Prune to Bell Equine Clinic for suspected cellulitis. When Prune arrived at the Bell Equine Clinic, his leg was clearly broken and displaced. He was euthanased in the trailer.

The Committee heard from four lay witnesses; the owner of the horse, her mother and two friends who all appeared on behalf of the College. Their evidence was very carefully considered.

It was alleged that on more than one occasion, Dr Correia failed to examine adequately the injured left hind leg in question.

Dr Correia treated the symptoms with a course of antibiotics and non-steroidal anti-inflammatory medication. On 29 September, Dr Correia herself undertook cold water hosing of the limb, but it was claimed that lack of proper examination had resulted in Dr Correia

failing to diagnose a fracture of the tibia and that furthermore, on 30 September she had failed to take account of an apparent deviation of the limb in question before the horse was transported by trailer to the Bell Equine Clinic to be treated for suspected cellulitis.

On diligent cross examination however, it became clear to the Committee and to the expert witnesses, both for the College and for the Respondent, that Dr Correia had carried out a full and competent examination of the wound and injured limb on 26 and 29 September 2005. The expert witness for the College, Prof D C Knottenbelt MRCVS confirmed that a non-displaced unicortical fracture of the tibia was a very difficult case to diagnose and that it would rarely be encountered in a first opinion practice. It would certainly be unusual for a relatively inexperienced veterinary surgeon to have encountered it before and indeed it was the first long bone fracture that Dr Correia had ever come across.

The College's case at the conclusion of the evidence is principally based on the failure of Dr Correia to palpate the hind leg again on the morning of 30 September 2005, and re-assess her diagnosis. The evidence of the owner of the horse was to the effect that its condition was considerably worse on the morning of 30 September than it had been twelve hours earlier. She said that the swelling was worse and there was obvious deviation of the injured leg. Prof Knottenbelt thought that Dr Correia should have re-assessed her diagnosis on the morning of 30 September, basing his opinion on the evidence from the owner that the horse had deteriorated further.

It was accepted by the expert witness for the College that 'stance-related distortion of the injured limb, observed by lay people, could be easily mistaken for displacement'. The lay witnesses may have been understandably misled into thinking that there was no infection present due to the clear appearance of the seepage from the wound. The Committee can readily understand the anxiety experienced by the lay witnesses and entirely sympathise with their distress.

The Committee is sure from the detailed evidence of Dr Correia that there was neither a detectable fracture of the limb, nor visible distortion to indicate that a fracture had occurred. Both expert witnesses expressed an opinion that this was not unusual in a non-displaced unicortical fracture and that sometimes, even with the benefit of a radiograph, it can be an impossible fracture to detect.

Dr Correia had initially given consideration to the possibility of there being a fracture and although this was not ruled out, Dr Correia decided that it was more likely that the pain, swelling, seepage and acute lameness were due to cellulitis resulting from the puncture wound which had been sustained as long as two weeks previously.

Prof Knottenbelt, expert witness for the College, said that it was a hideous thing to have faced and that he would have hated to have been faced with such a difficult case at that early stage of his career. He further confirmed that cellulitis is far and away more common than tibial fracture and that Dr Correia, a young and relatively inexperienced veterinary surgeon, had made a genuine error of judgment which she was unlikely to make again. He also conceded that many observations were being made with the wisdom of hindsight.

It was suggested by the College that Dr Correia should have sought a second opinion from her senior partner before having the horse transported. She had in fact consulted her senior partner, Mr Freed MRCVS, by telephone before arranging transport. She described the history of the case and the actions she had taken in some detail, as Mr Freed was more familiar with the horse than she was. Mr Freed agreed with her diagnosis but did not talk her through the protocol for transporting a horse injured in this way. It is a matter of great regret

that he did not see fit to come and examine such a seriously lame horse himself, before allowing it to be moved.

Dr Correia then went to the stable where her clinical assessment of the horse was that while the horse was still markedly lame, there had been no significant deterioration since her examination of the previous evening. In her opinion, there was no obvious deviation of the left hind leg.

Dr Correia was shocked and upset when she was informed of the outcome of the journey to the equine clinic, where on arrival it was obvious to everyone who saw it, including the owner of the horse and the receiving veterinary surgeon, Ms Luisa Smith MRCVS, that the leg was fractured and had become very visibly displaced as a result of the journey. The horse was euthanased as soon as possible in the trailer. No post mortem examination was carried out.

The Committee was impressed by Dr Correia's calm, patient and consistent response to vigorous cross questioning and by her detailed and entirely credible account of the steps which she had taken. These were firstly, to determine the cause of injury, then to ascertain the extent of the damage and to diagnose and treat the most likely cause of the latterly acute pain, swelling of the leg and seepage from the puncture wound, all of which are consistent with a diagnosis of cellulitis. It is most likely that cellulitis was indeed a complicating factor of the injury.

In her evidence, Dr Correia gave every indication of being a competent and diligent veterinary surgeon. Where the evidence of the lay witnesses and Dr Correia was contradictory, the Committee found the evidence of Dr Correia to be more reliable, although there is no suggestion whatsoever that the lay witnesses were attempting to mislead the Committee.

The Committee heard from two expert witnesses, Prof Knottenbelt MRCVS and Prof Greet FRCVS. Prof Knottenbelt had given his opinion on the basis of the unchallenged written evidence but he revised his opinion substantially after hearing all the oral evidence. With few exceptions, there was agreement between the two expert witnesses.

Prof Knottenbelt raised the issue of whether the horse should have been transported in a Robert Jones bandage with splints. It was agreed by both experts that such a bandage applied by an inexperienced person such as Dr Correia possibly could result in more harm than good. Neither Mr Freed nor the equine referral clinic suggested to Dr Correia that she employ this or any other such protective procedure. Both expert witnesses would have been happy to transport Prune for referral given the same circumstances. Prof Greet said that on the basis of the evidence of Dr Correia, he was of the opinion that all three examinations of Prune by Dr Correia were appropriate. The Committee shares this view.

The Committee wholeheartedly concurs with the expert witness for the Respondent, Prof Tim Greet FRCVS, when he concludes in his report that, 'under such circumstances, it is my opinion that Dr Correia's actions could not, at any time, be construed as demonstrating seriously deficient professional care, nor was her conduct disgraceful in a professional respect.'

This case is dismissed.

DISCIPLINARY COMMITTEE
24 MAY 2007