

**ROYAL COLLEGE OF VETERINARY SURGEONS**

**INQUIRY RE:**

**GEOFFREY WILLIAM IRVINE MRCVS (1)**

**IGOR VASILEV MRCVS (2)**

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**DECISION OF DISCIPLINARY COMMITTEE  
ON FINDINGS OF FACT**

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1. The Respondents were registered veterinary surgeons practising at Purbrook Veterinary Practice Ltd, 82 London Road, Widley, Hampshire (the Practice).
2. Mr and Mrs R were the owners of a Cavalier King Charles Spaniel called Rupert. Rupert underwent a dental operation under general anaesthetic at the Practice on 11 July 2017.
3. The essence of the charges against Mr Irvine are that he failed to obtain informed consent for the operation because he did not discuss with Rupert's owners, adequately or at all, either (a) the particular risks of a general anaesthetic to Rupert given his cardiac history or (b) the alternatives to the dental operation.
4. The essence of the charges against Dr Vasilev are that he failed to maintain adequately clear, accurate and detailed notes.
5. The College alleges that both Mr Irvine and Dr Vasilev's conduct fell far below the standard to be expected of a veterinary surgeon and it therefore amounted to disgraceful conduct in a professional respect.

6. The particulars of the charges against each Respondent were:

**(1) GEOFFREY WILLIAM IRVINE**

THAT, being registered in the register of veterinary surgeons and whilst in practice at Purbrook Veterinary Practice Ltd., 82 London Road, Widley, Hampshire (“the practice”) you:

1. In relation to Rupert, a Cavalier King Charles Spaniel belonging to Mr and/or Mrs R, between 7 July and 12 July 2017, failed to:
  - (i) discuss with Mr and/or Mrs R, adequately or at all, alternative treatment options to dental surgery under general anaesthetic;
  - (ii) discuss with Mr and/or Mrs R, adequately or at all, the risks of dental surgery under general anaesthetic;
  - (iii) obtain informed consent from Mr and/or Mrs R to dental surgery under general anaesthetic;

AND THAT in relation to the matters set out above, whether individually or in any combination, you are guilty of disgraceful conduct in a professional respect.

**(2) IGOR VASILEV**

THAT, being registered in the register of veterinary surgeons and whilst in practice at Purbrook Veterinary Practice Ltd., 82 London Road, Widley, Hampshire (“the practice”) you:

1. In relation to Rupert, a Cavalier King Charles Spaniel belonging to Mr and/or Mrs R, on or around the 11 July 2017, failed to:
  - (i) discuss with Mr and/or Mrs R alternative treatment options to dental surgery under general anaesthetic, and/or check with Mr Irvine that he had done so;
  - (ii) discuss with Mr and/or Mrs R the risks of dental surgery under general anaesthetic, and/or check with Mr Irvine that he had done so;

(iii) obtain informed consent from Mr and/or Mrs R to dental surgery under general anaesthetic, and/or check with Mr Irvine that he had done so;

(iv) maintain adequately clear, accurate and detailed clinical records, more particularly in relation to:

(a) 11 July 2017; and/or

(b) 18 July 2017

AND THAT in relation to the matters set out above, whether individually or in any combination, you are guilty of disgraceful conduct in a professional respect.

### **Admissions**

7. Mr Irvine denied charge 1(i), 1(ii) and 1(iii).
8. Dr Vasilev admitted the following particulars of charge 1, charge 1(iv)(a) and 1(iv)(b). He denied charge 1(i), 1(ii) and 1(iii)
9. Following receipt of expert evidence from Mr Williams MRCVS served by Dr Vasilev shortly before the hearing commenced and having considered the statements from both Respondents, the College offered no evidence against Dr Vasilev in respect of charge 1(i), 1(ii) and 1(iii) on the basis that there was no longer a realistic prospect of proving those charges to the requisite standard; so that the Committee were sure.
10. Accordingly the Committee found the facts of charge 1(i) 1(ii) and 1(iii) against Dr Vasilev not proved. It found charge 1(iv)(a) and 1(iv)(b) proved on the basis of his admissions and the evidence before it.

### **Background**

11. Rupert was a male dog born in 2008. He was registered at the Practice in 2009. Until 2013 Rupert's medical history was confined to relatively minor conditions.
12. A letter dated 1 April 2015, from Southern Counties Veterinary Specialists (SCVS) indicated that when Rupert was referred for investigation of lameness, a physical examination revealed a *'crowded mouth/tartar....a grade 3/6 heart murmur with*

*presumed sinus arrhythmis*' (sic) and a diagnosis of immune-mediated polyarthritis (IMPA) was made. Although endocarditis was not fully excluded a mild degenerative valve disease was identified. A repeat echocardiogram was recommended to take place in three months' time.

13. In May/June 2013, Rupert was diagnosed with pancreatitis. This appears to have been managed satisfactorily until 2017.
14. On 6 and 7 July 2017 Rupert vomited. Mrs R was concerned this was a flare up of pancreatitis. On 8 July 2017 Mrs R took Rupert to the Practice, where she and her daughter, Ms R, consulted Mr Irvine. During this consultation, Mr Irvine used mosquito forceps on Rupert's teeth as part of the examination. During the examination a loose tooth came out. Mr Irvine said that Rupert required dental surgery soon.
15. There was an evidential dispute between the College and Mr Irvine about the contents of the conversation between Mr Irvine and Mrs R and whether there was any discussion about alternative treatment options or the risks of operating prior to the dental surgery.
16. There was no dispute that the procedure for cleaning the teeth was offered to Mrs R for £150.
17. Pre-anaesthetic blood tests were not done and there was an evidential dispute as to whether they were offered by Mr Irvine. There is no record of a refusal of blood tests by Mrs R prior to the dental surgery in the electronic notes.
18. At the end of the consultation Mrs R took Rupert home and the dental operation was shown within the electronic practice notes as having been booked for the following week.
19. Overnight on 8 and 9 July 2017 Rupert drank a lot without urinating. Mrs R could feel liquid 'sloshing around in his tummy'. On the morning of 9 July Mrs R brought Rupert back to the Practice and Mr Irvine said he would keep him there and treat him. The diagnosis was ascites.

20. A consent form was signed by Mrs R on 9 July 2017. She signed the form at Mr Irvine's request. It gives permission for the following procedure "Fluids Diuretics Abs Etc" and states:

*"I hereby give permission for the administration of anaesthetic to the above animal and the surgical procedure detailed above, together with any other procedures that may prove necessary. I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal".*

21. The RCVS Code of Professional Conduct for Veterinary Surgeons provided in July 2018 states at 11.1

*Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options, with associated fee estimates, and had the significance and main risks explained to them.*

22. Dr Vasilev was the veterinary surgeon who performed the dental operation on Rupert on 11 July 2017. Mr Irvine managed the general anaesthetic so was present throughout. It was accepted by Mr Irvine that he had told Dr Vasilev that he had received informed consent from Mrs R.

23. There was an evidential dispute as to whether Mrs R had given informed consent for the dental surgery on Rupert to Mr Irvine.

24. The contemporaneous notes for 11 July 2017 indicate that Rupert was subjected to "dental descale and polish". Dr Vasilev subsequently told the College in a written statement that he extracted several teeth from Rupert. Dr Vasilev did not record that in the contemporaneous notes or on the general anaesthetic monitoring form. As a result, there was no record that any teeth had been removed or which teeth had been removed.

25. Mrs R collected Rupert on 11 July 2017 when he was discharged. During the night of 11/12 July 2017 Rupert vomited in his sleep. On 12 July Mrs R took Rupert back to the Practice where Dr Vasilev administered antiemetic and antibiotic injections.

26. Over the next 5 days Rupert continued to produce green vomit. Mrs R recalls that Rupert was seen in the Practice on 17 July 2017 and then again on 18 July 2017 when blood tests were conducted. There is no record of any consultation in the

contemporaneous notes for 17 July 2017. The notes for 18 July 2017 consist of two entries indicating that blood tests were performed.

27. There was a record in the electronic notes that if vomiting continued then Rupert should be brought in to have a blood test.
28. Rupert continued to deteriorate despite home medication: he lost more weight and continued to vomit. Mr and Mrs R took Rupert to the Practice once more on 22 July 2017. Dr Vasilev examined Rupert and detected marked weight loss and abdominal pain. Dr Vasilev's conclusion was that there was nothing more which could be done and he advised Rupert be euthanased.
29. Mrs R did not want the euthanasia to take place at the practice, so she and her husband returned home with Rupert. Dr Vasilev visited a short time later and sedated Rupert with an injection followed by euthanasia.
30. After Rupert's death, Mrs R did not pay all the fees that the Practice charged her.
31. On 10 August 2017, Mrs R sent an email to the Practice, expressing her dissatisfaction with the treatment she had received for Rupert. In particular she complained that she had not been adequately warned of the risks of the general anaesthetic and she was concerned that no blood test had been undertaken prior to the general anaesthetic.
32. In a letter dated 17 August 2017, Mr Irvine replied on behalf of the Practice stating that, in his opinion, the oral bacteria presented a risk of septicaemia and risk of pancreatitis and heart deterioration, such that this far outweighed the risk from the anaesthetic.
33. Mrs R was not satisfied with this letter and complained to the College.
34. The Practice has taken action to recover the outstanding fees by bringing a claim in the county court, which has not been determined.

### **Evidence**

35. The College called evidence from Mrs R, her daughter Ms R and the expert witness, Mr Maltman MRCVS.

36. Mr Irvine gave evidence and asked the Committee to read a number of testimonials and character witnesses which supported his credibility and indicated that he was unlikely to have acted as alleged.
37. Dr Vasilev did not give evidence but his statement was before the Committee.
38. A summary of the evidence is set out below.
39. Mrs R said in evidence that she followed veterinary advice and she had previously discussed options with Mr Irvine when she was given the opportunity to do so. She said she always acted in accordance with what a veterinary surgeon advised was necessary for Rupert's health and she explained why on two occasions she had not done so.
40. Mrs R said that she had chosen not to castrate Rupert because she believed this would have affected the condition of Rupert's coat. Mrs R said she had not booked Rupert in for a castration at the practice despite entries in the electronic practice notes which indicated that he had been booked in for castration which was later cancelled by the owner.
41. Mrs R and Ms R both said they believed that there was nothing much wrong with Rupert's teeth. Mrs R said that she recalled that the tooth that came out after Mr Irvine tapped it two or three times and that it had only been a bit loose beforehand. Ms R believed that Mr Irvine had been heavy handed when Rupert's tooth came out on the 8 July 2017. Both Mrs R and Ms R saw blood when the tooth came out but neither saw any pus.
42. Mrs R said that Rupert had not had a scale and polish before the 11 July 2017. Ms R did not know if Rupert had a dental procedure before but she thought that he had not. Both Mrs R and Ms R said that they did not believe Rupert was suffering from gum disease before the 11 July 2017. Both said that they had not been told by Mr Irvine that Rupert was suffering from periodontal disease.
43. Mrs R said that she had raised concerns with Mr Irvine about Rupert's heart and how a general anaesthetic would affect Rupert when he had asked her if he could book Rupert in for dental surgery the following week. She said that Mr Irvine reassured her that a general anaesthetic would not harm Rupert's heart and that 'his heart will be fine, the valves will open up'.

44. Mrs R said that Rupert was brighter and his 'belly was not swollen anymore' by the time he had the dental surgery. She said that Mr Irvine had not warned her about the risk of leaving Rupert's teeth uncleaned. She said she had not refused for Rupert to have a pre-anaesthetic blood test because of the expense. She said that she had always settled her veterinary bills and that the expense was not a factor she had taken into consideration at that time. She said she had never been late paying the practice.
45. Mrs R said the reason she had complained was not because she did not want to pay for the treatment that Rupert had received. She said she did not wish to pay for the treatment following the general anaesthetic because she believed that thereafter Rupert had received poor treatment. She said there had been no discussion about treatment options with Mr Irvine prior to the dental surgery or any discussion about the risks of dental surgery under general anaesthetic.
46. Mrs R denied having sent texts that were threatening in tone to the Practice and she stated that a thank you card sent by her husband on behalf of the family to the practice after Rupert's death was not sent with her consent.
47. Mr Maltman said that Rupert had probably suffered severe pancreatitis and renal disease prior to his death.
48. Mr Maltman said that notwithstanding that Rupert had been discharged following dental surgery, it was perplexing that only 24-48 hours after Rupert had presented with congestive heart failure (CHF), as evidenced by the ascites, that a general anaesthetic for dental surgery was considered a good idea.
49. Mr Maltman said that any acute risk from periodontal disease could have been met with antibiotics and the dental surgery should have been delayed for 3-4 days after the ascites had resolved.
50. Mr Maltman did not consider that the pancreatitis was a contraindication to having dental surgery. However, he said that there was an increased risk of mortality due to Rupert having decompensated CHF. He said that Rupert's risk had increased because he had developed ascites, a symptom of right-sided congestive heart failure in addition to previous signs of left-sided congestive heart failure, and therefore there should have been a delay in performing the dental surgery.

51. Mr Maltman said it was unlikely that a tooth could be easily removed from a dog during a physical examination unless the tooth was loose. Mr Maltman was asked about whether Rupert had endocarditis and periodontal disease when seen by SCVS. He said that Rupert was seen by SCVS in 2015 and the conditions reported by them should not be overstated due to the treatment they advised. He did not dispute that in 2017, Rupert was suffering from severe periodontal disease.
52. Mr Maltman's opinion was that a failure to discuss matters at all rather than an inadequate discussion of the options and risks would result in Mr Irvine's conduct falling far below the standard to be expected of a veterinary surgeon and would therefore amount to disgraceful conduct in a professional respect.
53. Mr Maltman's opinion was that Dr Vasilev's conduct amounted to disgraceful conduct in a professional basis because of his admitted failures to maintain clear, accurate and detailed clinical records on 11 July 2017, when he was the veterinary surgeon who conducted the dental surgery on Rupert and when no record was made of the operation, what was done or what was seen or what defects remained, and on 18 July 2017, when no record was made of why blood tests were taken or what the results were. Mr Maltman accepted that the blood test results were available to Dr Vasilev at the time on 18 July 2017 elsewhere within the practice's electronic system.
54. Mr Irvine gave evidence. He said that Mrs R had previously agreed to have Rupert castrated but that this operation had been cancelled because she had decided against it.
55. On the 8 July 2017, Mr Irvine said that he was trying to remove the tartar on Rupert's tooth when Rupert's tooth came out. He said he saw pus in the socket of Rupert's tooth and he diagnosed stage 4 periodontal disease. He therefore asked Mrs R if he could book Rupert for dental surgery the following week. He said Mrs R was reluctant for Rupert to have a general anaesthetic. He said that he had previously advised that Rupert have dentistry before 8 July 2017 but that Mrs R had disregarded his advice.
56. Mr Irvine said that he did discuss treatment options with Mrs R including antibiotics and that he would wait and see if Rupert was okay on 11 July 2017 and that if he was, he would then perform the dental surgery. Mr Irvine said he had discussed the risks with Mrs R including that there was a higher risk to Rupert if the dental surgery was not undertaken.

57. Mr Irvine said that he had previously hand scaled Rupert's teeth when he had removed his anal glands and an abscess under general anaesthetic. He said that there was no record in the notes that this was done because he would not charge for it. He said that the electronic notes recorded that the teeth were 'okay' on several occasions before 2017 because the electronic record printout showed that by default.
58. Mr Irvine was asked specifically whether he had told Mrs R that the incidence of CHF would have increased Rupert's risk of mortality. Mr Irvine said that he had told Mrs R that he had balanced the risk of carrying out the dental surgery against the risk of not carrying it out. He said he believed that Rupert was stable enough for him to proceed with the dental surgery as delaying it would have been more risky. Mr Irvine said that he told Mrs R that he would assess Rupert before proceeding and that if he had thought that Rupert had not been well he would not have proceeded with the surgery.
59. Mr Irvine said that Mrs R had refused to have a blood test for Rupert when he had offered one and that he believed this was due to the cost of it. He said that he had not made a note of Mrs R's refusal in the electronic notes. Mr Irvine was unable to explain why he had not told the College that he had discussed alternative treatment options and the risks of dental surgery with Mrs R.
60. Mr Irvine said that he believed Mrs R had given informed consent to him before the surgery. He said he had nothing to gain by carrying out the dental surgery when he did.

#### **The Committee's decision on findings of fact**

61. The Committee found that both Mrs R and Mr Irvine were sure that their own version of what was discussed was the correct version. In this case the Committee was faced with two diametrically opposing views as to the content of discussions. The Committee was mindful that in deciding the charges it had to be satisfied so that it was sure.
62. The Committee found that Rupert's case was complex and his various conditions meant Mr Irvine was faced with an ever changing clinical picture which required continued discussion with Mrs R. The Committee decided that it was vital that Mrs R was told about all reasonable treatment options and informed of the risks of dental surgery under general anaesthetic in order that she was able to give informed consent.

63. Where the Committee was unsure about whether Mr Irvine recalled specifically what was said to Mrs R the Committee was prepared to accept what Mr Irvine usually would have said in circumstances such as this. However, when considering the evidence as a whole the Committee took into account not only what Mr Irvine had said in his oral evidence but also what he had said in his response to Mrs R's letter of complaint and in his written statement.
64. The Committee was satisfied, having carefully considered all the written and oral evidence, that Rupert was suffering from periodontal disease when he was seen on 8 July 2017. It noted that Mr Maltman accepted that to be the case and that there was supporting evidence for that due to the fact that a dental procedure was considered necessary by Mr Irvine. Furthermore the College had not suggested that such a procedure was not required.
65. However the Committee did not find the need to carry out dental surgery was an emergency. Having considered all the evidence the Committee was satisfied that it would have been prudent for Mr Irvine to wait several days before operating. The Committee concluded that once ascites secondary to CHF had been diagnosed that became the predominant condition which Mr Irvine should have considered when discussing treatment options and risks with Mrs R.
66. The Committee further noted that Mr Irvine's ability to fully evaluate the risks was compromised because he had not done relevant blood tests prior to the dental surgery. In the Committee's view this was essential particularly when Rupert had been on a frusemide drip due to the ascites and because of his complex and changing clinical picture.
67. The Committee noted that the electronic notes showed that blood tests were due to take place. It was persuaded that Mr Irvine had offered a blood test to Mrs R as this is what he would usually have done and there was some support for that in the contemporaneous electronic notes.
68. The Committee considered the decision to proceed with dental surgery on 11 July 2017 was perplexing in view of the recent ascites. Whilst it accepted that Rupert's condition had improved it concluded that a fuller discussion of the treatment options and risks was necessary on 10 July 2017.

Charge 1(i)

69. The Committee decided that a delay in carrying out dental surgery amounted to an alternative treatment option because this was an alternative option to carrying out the surgery at the planned time. It was not persuaded by the argument submitted by Mr Irvine's counsel, that a delayed treatment did not amount to an alternative treatment option.
70. The Committee carefully considered the discussions Mr Irvine had with Mrs R on 8 July 2017 and when she signed the consent form on 9 July 2017 and the discussion he later had with her on 10 July 2017.
71. The Committee was not satisfied so that it was sure that Mr Irvine failed to discuss adequately with Mrs R the treatment options on 8 and 9 July 2017 because the Committee accepted Mr Irvine's evidence that he told Mrs R that he would assess Rupert and only proceed with the dental surgery if he was 'okay'. The Committee therefore found there to have been some discussions on 8/9 July 2017 and it was not persuaded so that it was sure that those discussions were inadequate.
72. The Committee accepted Mrs R's evidence, that she was not told on 10 July 2017 that there was an option to delay the dental surgery, because Mr Irvine believed delay was unnecessary and he did not say he had told her on 10 July 2017 that there was an option to delay.
73. The Committee found that Mr Irvine considered that there was a plan for dental surgery in place which in his view was able to be followed through because Rupert had improved. Mr Irvine did not say that he discussed delaying dental surgery with Mrs R on 10 July 2017. The Committee therefore found there to have been inadequate discussion on 10 July 2017 about the option of delaying dental surgery under general anaesthetic due to the recent ascites.
74. Although Rupert survived the dental procedure and was well enough to be discharged home, the Committee was satisfied that before consenting to the surgery, Mrs R needed to understand that there was an increased risk of mortality due to the CHF.
75. The Committee therefore found Charge 1(i) proved.

### Charge 1(ii)

76. The Committee accepted the opinion of Mr Maltman that Rupert's risk was increased due to the incidence of ascites and CHF. The Committee found that Mrs R had not been made aware of this on 10 July 2017. It accepted Mrs R's evidence that the risks of dental surgery under general anaesthetic had not been sufficiently discussed with her on 10 July 2017.
77. The Committee concluded, having heard all the evidence and reviewed the written responses by Mr Irvine to the College that it could not be sure that the thoughts he expressed were ones which he had told Mrs R. It noted that the written consent form Mrs R signed did not specifically refer to the dental procedure itself or the particular risks of dental surgery under general anaesthetic.
78. The Committee was persuaded that there had been some discussion with Mrs R about the risks of dental surgery under general anaesthetic when Mrs R had signed the consent form on 9 July 2017 but it found that there had been inadequate discussion on 10 July 2017 about the increase in risk to Rupert due to his CHF.
79. Mr Irvine stated that in his view Rupert's condition had improved and that although he had suffered an incident of ascites its rapid resolution and the fact that he had previously undergone general anaesthetic without any difficulties meant he was able to reassure Mrs R about the risks which he had balanced. The Committee accepted that this is what he told Mrs R. However it considered that this discussion did not inform Mrs R of the increased risk to Rupert which was present due to the indication from the ascites that the CHF had progressed. It noted that Mr Irvine was focussed on the need to proceed with dental surgery and the risks of not doing so rather than the risks overall.
80. The Committee therefore found Charge 1(ii) proved.
81. The Committee noted that Mr Irvine said that Mrs R would not listen to the advice he gave her. However it was his responsibility to ensure that when giving informed consent Mrs R understood all the alternative options and risks.
82. Having found charge 1(i) and charge 1(ii) proved the Committee found that Mr Irvine had failed to obtain informed consent from Mrs R to dental surgery under general anaesthetic. It therefore also found charge 1(iii) proved.

**DISCIPLINARY COMMITTEE**

**21 OCTOBER 2019**