

October 1992

This Bulletin is forwarded to every medical practitioner in the province. Decisions of the College on matters of standards, amendments to Regulations, By-Laws, guidelines, etc., are published in Bulletins. The College therefore assumes that a practitioner should be aware of these matters.

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Council Report:

At its September 17, 1992 meeting, the Council of the College:

1. Accepted the report of the By-Laws Committee and added the following to the grounds for a finding of professional misconduct: A physician may be found guilty of such for "directing a patient to have a prescription dispensed by a specific pharmacy".

2. Accepted the report of the Fitness to Practise Committee regarding a physician who had had prolonged and repeated difficulty with alcohol and drug abuse. The physician had had a recent positive screening test and the Council advised the physician to withdraw from practice and relinquish his license or face a suspension.

3. Discussed several complaints from the Complaints and Registration Committee:

(a) Two complaints concerned the attitude of physicians to patients who presented to their office or clinic. Both of these matters related to expectations that the patient had for these appointments. In one case, a specialty clinic had not been the appropriate place for the patient to

have been referred. In another case, the patient had presented for a complete physical, which the physician felt was not necessary. No fault was found with the physicians in these matters. (However, it is noted that patients may have expectations of why they have presented to an office and what to expect there. It should be remembered that it is generally the physician's responsibility to allow for such misunderstandings and avoid such disputes.)

(b) There was a complaint against a physician for arriving late at the delivery of a baby who subsequently developed difficulties. No fault was found with the care provided. However, it was noted that the hospital concerned had subsequently standardized their policy regarding when physicians were to be notified for impending delivery.

(c) There was extensive review of the case of a patient who had presented to an Emergency Department with abdominal pain. Included in the differential diagnosis was an aortic aneurysm. The patient was admitted for observation, but the family doctor was not notified until later the next day. The patient subsequently died from bleeding from an aortic aneurysm. The

Council could not find particular fault with the care provided. However, two matters were noted to be of concern. One was the question of the responsibility for notifying a patient's physician at admission. Changes had been made at the hospital in question. These include placing the ultimate responsibility for notifying the family doctor on the admitting physician. Physicians are reminded that it is their responsibility to ensure continuing care. Concern was also expressed about the admitting of a patient without further investigation where the differential diagnosis has included an aortic aneurysm. The inclusion of a potentially life-threatening situation in a differential diagnosis should obligate the physician to take further action rather than simply continuing the period of observation.

(d) Considered two complaints regarding tardy medical reports for insurance or other purposes. In one case, the delay continued for over a year. In another case, such reports were delayed for over 4 months. In the absence of a specific policy on the matter, the College chose not to take further action against the individuals. It was noted that in Ontario, a "reasonable time" is considered to be 8 weeks. Rather than being specific, the College now will take a dim view of reports which are delayed more than what is reasonable under the circumstances. It is noted that the CMA Code of Ethics provides that "an ethical physician will, upon a patient's request, supply the information that is required to enable a patient to receive any benefits to which the patient may be entitled".

(e) Considered a complaint that a physician had been insensitive during a rectal examination of a female patient. It was impossible from the information at hand to be certain of what exactly had taken place. No fault could be found with the care provided. However, it should be noted that such situations should be avoidable. To quote from another province's guidelines on the matter:

"An ethical physician should be aware of the likely heightened sensitivity of patient whose privacy is to be invaded. Apprehension can be expected in such examinations as rectals or pelvics.

Physicians should assess the quality of a patient's discomfort with such procedures before proceeding. Whether or not an attendant should be present depends on the preference of the

patient and the discretion of the physician. A rectal/pelvic examination should not be performed if an attendant is not readily available for assistance."

(f) Considered another matter which concerned the inaccuracy of several "off-work" certificates provided by a physician. No fault was found with the care provided and it was noted that often such information is completed based on the word of the patient. Still, a physician's signature on such a note is taken to have some authority. Consequently, the wording of such a note may have to be adjusted, depending on whether the physician has first-hand knowledge of the illness which required the patient to be away from work.

(g) Discussed 8 other matters where there was an allegation of deficient care. Review of these matters, including necessary expert opinion, failed to demonstrate any situation where care was considered to be inadequate.

4. Reviewed the budget for 1992-1993 and set annual dues at \$600. The major reason for the increase was the increased costs of complaints, inquiries, and legal fees.

Invoices for annual dues will be mailed in November. A new form will be used. Please follow instructions carefully.

Fees are due in full on January 1st. Late payment will result in a penalty of \$100. Fees not received by February 1st will result in suspension of license and a further reinstatement fee of \$100.

5. Reviewed the progress of the Committee on Sexual Exploitation. The Committee had set up a toll-free telephone line for their own research. No information from this line is to be forwarded to the College.

NOTE:

This bulletin is being sent to physicians in their preferred language of correspondence. If there has been an error, please notify the College.

Ce bulletin est adressé aux médecins dans la langue de leur choix. Si une erreur s'est glissée, veuillez en aviser notre bureau.