

December 1993

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:

The following matters were considered by Council at its meeting on December 03, 1993.

COMPLAINTS AND REGISTRATION COMMITTEE:

The Complaints and Registration Committee reported the following matters:

i. There was an allegation that a patient had been improperly treated with a bronchodilator to which he alleged he was allergic. As a consequence he claimed that his clinical condition worsened, requiring ventilatory support. The Committee concluded that there is no evidence that the physician was aware of such an allergy nor, in fact, any evidence that the allergy even existed.

ii. There was a complaint regarding the treatment of a patient who presented to a hospital with chest pain. It was alleged that the physicians involved had failed

to diagnose a life threatening problem and, furthermore, had failed to keep the patient in the hospital for observation. The Committee concluded that it was not an error in care that the unusual diagnosis was not actively considered at the time of the patient's presentation. Regarding the question of admission for observation, the Committee concluded that the physicians involved had not breached prevailing standards in such a way as to constitute inadequate care.

iii. There were allegations against two physicians regarding sexual impropriety. The Committee recommended the appointment of Boards of Inquiry to consider the matters.

iv. There was a complaint that a patient had been improperly diagnosed as having angina which was, after an angiogram, found not to be the case. She alleged that the physicians who originally treated her had failed to conduct an appropriate investigation.

The Committee concluded that, considering the initial presentation, the physicians had investigated and treated the patient appropriately.

v. There was a complaint regarding the treatment of a patient who had been involved in a car accident. She had progressively worsening symptoms for several months and subsequently died of a colloid cyst. The Committee concluded that while the cause of death was unrelated to the original injury it would have been appropriate to investigate her increasing symptoms. Nevertheless, because several different physicians were involved, it was impossible to determine that any particular physician had failed to treat this patient adequately. As a consequence the Committee decided no further action could be taken.

vi. There was an allegation that a physician had improperly advised patients regarding the relocation of his practice by mailing a letter to every post office box in the area. Under the special circumstances of this particular case the Committee found that this may be acceptable. Nevertheless physicians are discouraged from this practice. Notification to patients should be addressed specifically, and only, to former patients.

vii. There was a complaint regarding the failure of a physician to attend a nursing home to pronounce a patient dead. As a consequence the physician and his colleagues have established a policy with the nursing home regarding the availability of physicians for this purpose. The Committee concluded this was an appropriate response to this sort of situation.

**FEES:**

As previously announced there was no increase in the license fee this year. Council did approve some increase in the fees for registration and for annual dues for corporations.

**FITNESS TO PRACTICE COMMITTEE:**

The Fitness to Practice Committee reported on the following matters:

i. The Committee reported on a meeting with a physician who had received several complaints over the last few years which seemed to reflect an attitude and communication problem.

The physician accepted some criticism regarding the substance of some of these issues. As a consequence the Committee decided to take no further action but encouraged the physician to continue efforts at risk management behaviour.

ii. The Committee was also investigating the prescribing patterns of two physicians. There was an allegation that narcotics and benzodiazepenes were being over- prescribed and many of these prescriptions were being redirected for an illicit purpose. The Committee is continuing to investigate the matter.

iii. The Committee had ordered a chart inspection of the office of the physician. To date this had been refused and the Committee recommended that his license be suspended until he agrees to allow the inspection. Council approved this recommendation.

**COMMITTEE ON SEXUAL EXPLOITATION:**

The report of this Committee has been received by Council and released to the public in November. Council had prepared a preliminary response to the recommendations. Both a copy of the report and a copy of the College's response are available from the College office.

**DIRECTING OF PRESCRIPTIONS:**

In response to a recent complaint Council has sought to clarify the rule regarding directing of prescriptions to particular pharmacies. This rule, which precludes a physician from suggesting or mandating that a prescription be filled at a particular pharmacy, is designed to avoid the perception on the part of the public that a physician has any financial interest in a pharmacy.

In interpreting this rule, its prohibition will be taken to include any activity which preferentially treats one pharmacy over the other. Thus, it will be taken as improper if a service is provided to one pharmacy which is not provided to others. Consequently if a physician transmits prescriptions by telephone or intercom to one pharmacy there is an obligation to do so to all pharmacies. This both avoids the perception of a financial interest and, more importantly, provides the same service to all patients.

Nevertheless, it is allowable for the physician to respond to various questions raised by the patient regarding available pharmacies. Thus, in response to a question, the physician could advise the patient regarding the location or other information which may be of use to the patient in selecting a pharmacy.

Finally, the question has been raised as to whether it is improper for a physician to direct a patient away from a pharmacy for reasons such as the physician's objection to the sale of tobacco products. While this aspect bears no relation to the question of a perceived financial interest, unless there is only one other pharmacy available, it does come down to a question of service to patients. To that end, physicians may provide patients with such information as they feel may be useful, but if the patient requests it, the physician should provide the same access to each and every pharmacy regardless of personal objections.

### THIRD PARTY SERVICES:

The following informal advice, produced by the College of Physicians and Surgeons of Alberta, is provided for the information of members:

Many third party services provided by medical practitioners occur in circumstances requiring conflict resolution with patients who are already unhappy because their places in the workforce or their finances are threatened. In some cases, the third party physician's opinion will not please the patient. Clearly it is asking a lot to expect that these patients will be content following such an encounter.

For that reason, it is particularly important to take several precautions:

Informed consent - Explain fully the differences between a third party service and services arising in

the more usual therapeutic relationship between doctor and patient. A signed release may be overkill but is a prudent way to proceed.

2. Be seen to be thorough - A seemingly cursory glance at an x-ray film or diagnostic report often leads to the patient believing that your negative report was predetermined, notwithstanding any contrary evidence.
3. Do not make comments which appear to be judgmental.
4. Be especially careful not to be rude or abrupt.
5. Explain that the report does not belong to you or to the patient, but to the third party who requested it, regardless of who pays for it.
6. When acting in the role of providing a third party service, do not be drawn into providing treatment. Do advise the patient to contact his or her own physician for follow-up about any previously unidentified significant health matters which you may have discovered.
7. Do not make disparaging remarks about others whose opinions may differ from yours.
8. Be prompt in completing your report. Failure or delay in doing so may put the patient's benefits in jeopardy and expose you to a risk of litigation. For example, the validity of a life or disability insurance application may expire because of your delay; if the patient were injured or should die while uninsured because of your failure, the cost to you or your own insurer may be enormous.

By their nature, some third party services are prone to end in dissatisfaction. That will never be fully avoidable, but the risks can be lessened if physicians are careful and reasonable.