

15 March 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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The following matters were dealt with by Council at meetings held on March 12 & 13, 1993:

Dr. Floyd Duncan MacDonald:

This physician had been found guilty of professional misconduct by a Board of Inquiry constituted under the Medical Act. The charges included sexual impropriety and the committing of acts relevant to the practice of medicine that, having regard to all the circumstances would reasonably be regarded by Council as disgraceful, dishonourable or unprofessional.

The Board of Inquiry made findings of guilt in response to 9 complainants. In the case of two of them, this involved a sexual relationship which extended over a number of years. The activity included both oral and vaginal intercourse in the physician's office or in the patient's home. One of these patients was an adolescent during this time.

Other patients alleged improper breast examination. The examinations were either unnecessary or included fondling, examination from behind, or oral contact with the breasts.

Complaints also concerned improper pelvic examinations including the use of an ungloved finger, attempts at manual stimulation, and examination with the patient standing when not medically indicated. Some of these patients were also adolescents at the time.

Other charges included improper conduct with hospital employees, including improper sexual remarks, kissing, and improper touching.

In totality, and after hearing evidence in support of the physician, Council ordered that the license to practise medicine of Floyd Duncan MacDonald be revoked and his name stricken from the Register.

This order is subject to appeal.

Complaints and Registration:

Council accepted the recommendations of the Complaints and Registration Committee on the following matters:

i. There was a complaint by one physician against another physician regarding interference with patients. The Committee recommended that no further action be taken.

ii. There was a complaint that a physician had improperly refused to prescribe birth control to an adolescent patient due to the physician's personal beliefs. The complaint has subsequently been withdrawn by the patient. Physicians are reminded of their obligations under the Code of Ethics:

"An ethical physician will inform the patient when personal morality or religious conscience prevent the recommendation of some form of therapy".

ii. There was a complaint that a patient had improperly been prescribed an antibiotic to which she was allergic. It was evident that the physician should have known of this, but that the error was inadvertent. No further action was felt necessary.

iv. There was a complaint regarding a surgeon's preoperative and postoperative care. The Committee felt that the care had been appropriate despite the unsatisfactory results.

v. There was a complaint regarding the insertion of another patient's name on a prescription by a physician, allegedly to obtain Prescription Drug Plan benefits for the patient. The Committee concluded the error was inadvertent and no further action was necessary. Physicians are reminded that, after all, a prescription is a legal document and appropriate care must be taken in completing one.

vi. There was a complaint against a surgeon and an anaesthetist regarding an injury that allegedly incurred in an operating room. There being no satisfactory explanation of how such an injury might have occurred, it was recommended that no further action to be taken.

vii. There was a complaint against a specialist regarding rudeness and an insensitive examination. The matter has been discussed with the physician and no further action is to be taken.

viii. There was a complaint that a physician's assessment of a patient's fitness to return to work was inadequate based on other medical evidence. After review of the medical information, it was concluded that the assessment was reasonable under the circumstances.

ix. There was an allegation that a physician had mis-diagnosed a complicated forearm fracture. It was determined that the error was avoidable, but not particularly uncommon. It was also concluded that the subsequent events would have occurred in any case.

x. There was an allegation regarding the care provided to an elderly patient in a terminal state. The Committee concluded that the appropriate consultations and other care were provided.

xi. There was an allegation regarding a back to work assessment by an employer's consulting physician. It was determined that the assessment was reasonable under the circumstances.

xii. There was a complaint regarding an argument between a physician and a patient which occurred in a waiting room in the presence of other patients. The physician has already admitted the impropriety of the discussion unfolding as it did.

xiii. There was a complaint regarding an examination done by a physician in an Emergency

Department. During the assessment, the physician had admonished the patient for improper use of the facility. It was determined that the medical care was satisfactory. While it may be appropriate for physicians to educate patients regarding the appropriate use of emergency facilities, it should be noted that in some situations this may create the impression that the patient's problem has not been adequately assessed.

xiv. There was an allegation regarding the care provided to a patient who had disseminated cancer of the bowel. It was alleged that the investigation was inadequate and the patient was improperly prescribed Elavil. It was determined that the investigation was appropriate, given that the presenting symptoms were unusual. It was further determined that the prescription of Elavil for pain control was appropriate.

xv. There was an allegation that a physician had improperly withdrawn from care of a patient. It was concluded that care was appropriately terminated.

xvi. There were two allegations against different physicians regarding improper sexual conduct. It was recommended by the Committee that Boards of Inquiry be established to assess these charges.

Fitness to Practise Committee:

Council accepted the recommendations of the Fitness to Practise Committee on the following matters:

Three matters arose as a result of appeals from decisions previously rendered by Council. It was determined that the matters had been appropriately dealt with by Council.

An agreement had been reached between the College and a physician troubled by substance abuse regarding a monitor and future employment possibilities. As a result, a previous motion to constitute a Board of Inquiry was withdrawn.

Elections to Council

The term of Council members for Districts 1, 2, & 3 will expire this year. The incumbents in Districts 1 & 2 are not eligible for reelection.

Nomination papers will be forwarded to physicians shortly. Physicians are encouraged to consider themselves or colleagues who may be suitable for these positions.