

December 1994

**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 the meeting of 25 November 1994, Council considered the following matters:**

**COMPLAINTS:**

There was a complaint regarding a radiologist from a patient who had suffered a complication during the course of a procedure. In reviewing the matter, the Committee felt that the appropriate care had been provided and the complication was unavoidable. Nevertheless, there were concerns regarding the communication between the Radiologist and the patient during the procedure. Independent witnesses had confirmed that the patient made several inquiries during the course of the procedure which were not answered by the physician. It was felt by the Committee that this could lead to an increase in the patient's anxiety and that a greater effort at maintaining a rapport with the patient under these circumstances could have avoided the complaint.

There was a complaint regarding the care provided to a child who had suffered two separate fractures of his leg over the course of a few weeks. There was some delay in the diagnosis of the second fracture which the Committee felt was understandable under the circumstances. The physician had also provided information on the two fractures to Social Services. The family was upset about this, but the Committee confirmed that it is the physician's obligation to provide such information when any situation such as this occurred.

There was a complaint from a patient who had presented at night to an emergency department of a hospital. The physician was taking calls from home and refused to attend. The patient was subsequently admitted by another physician the next day. In reviewing the matter, the Committee could not ascertain precisely what information was provided to the physician by the nurses who had attended the patient. Nevertheless, it is clear the physician is responsible for the consequences of refusing to see a patient. This matter seemed to stem from the emergency coverage pattern of that particular hospital. The Registrar was instructed to work with those involved to look into ways to alleviate the situation.

There was a complaint regarding the care provided to a patient who was admitted several times as a result of a chronic condition. Initial medications were provided by the treating specialist. When these required a refill, neither the family physician nor the specialist were immediately available. A physician covering the Emergency Department refilled the prescriptions based on the information provided in the medical chart. A subsequent admission was under a third physician because, again, neither the specialist nor the family physician were available. At this time, there were further difficulties regarding the refilling of prescriptions. No fault was found with the care provided by the individual physicians involved. Reasonable efforts had been made to provide the best care under the circumstances. Nevertheless, the fact that the family physician had not provided any alternative coverage during vacation had contributed to this difficulty. This physician had not been the subject of the complaint.

A complaint arose regarding the management of a leg fracture of a child. It had originally been planned to cast the injury for 6 weeks, but the cast was removed at approximately 3 weeks when the mother stated that the cast was breaking down and causing discomfort. The mother questioned this change in plan. The child continued to have discomfort and the cast was reapplied by another physician. While the technical aspect of the management of the case seemed acceptable, it did seem to the Committee that the complaint could have been avoided by a reasonable attempt at communication with the parent.

There were two complaints regarding the failure of physicians to complete disability forms for patients. On investigation, it was clear that the physicians were willing to complete these forms, but not to provide the opinion which the patient requested. Physicians are reminded that they are obligated under the Code of Ethics and College rules to complete such requests for information, but obviously they must provide only their honest medical opinion.

There was a complaint by a patient that she had been sexually assaulted by a physician who she alleged, "fondled" her breasts while she was fully clothed. The physician replied that this was part of a complete examination. On reviewing the matter, the Committee could not find that there was a sexual intent to the examination in question, but rather that the physician provided an inadequate and cursory examination. This was unacceptable and will be looked into further, as the examination was ostensibly done as a preoperative requirement by the hospital.

There was a complaint from a patient regarding the requirement to pay a surgeon in advance for a medical procedure which had recently become de-insured. The Committee concluded that the physician had acted within the current guidelines, but it was evident that the issue could arise again. Council is reviewing the ethical requirements regarding billing. In the meantime, physicians are encouraged to follow the New Brunswick Medical Society's Physicians' Guide to Direct Billing to avoid any difficulties.

There was a complaint against a physician who had seen a young woman at an emergency department. He had chastised her for inappropriate use of the department and refused to examine her. The next day she was admitted to another hospital. In response, the physician acknowledged that the pressures of the call schedule at that hospital had contributed to an admittedly inappropriate response on his part. The Committee accepted this and instructed the Registrar to look into the situation regarding the coverage by physicians at that facility.

There was a complaint concerning the care provided to a child by a specialist. The parents had the child seen out-of-province with the recommendation for further follow-up locally. They had confirmed, in advance, an appointment with this physician. Upon their arrival, he advised that he was refusing to

do an examination because they had taken the child elsewhere and had further follow-up pending out-of-province. The Committee concluded that the physician's conduct was inappropriate. While physicians are entitled to advise patients that they can no longer provide service to them, it should be clear that the proper way to do this is to advise the patient in writing, rather than requiring the patient to attend an office visit expecting an examination. Physicians are also reminded of their obligation under the Code of Ethics to respect the right of patients to accept or reject any physician or medical care recommended and to be free to seek further opinions as wished.

The Committee also referred two other matters to the Fitness to Practise Committee.

#### FITNESS TO PRACTISE COMMITTEE:

The Committee reviewed two matters which had been appeals by patients who were dissatisfied with the rulings of Council. The Committee chose to dismiss the complaints.

The Committee accepted monitoring arrangements regarding two physicians who had had past difficulties with substance abuse.

The Committee further reviewed the results of competence examination done on two physicians by an out-province licensing authority. One of the physicians had not performed acceptably and has now agreed to retire.

#### GUIDELINES

Council adopted, with approval, two clinical guidelines which were produced by Colleges in other provinces. These will be provided with a future mailing.

#### ANNUAL DUES

Physicians should have by now received invoices for annual license fees. Physicians who have not received such an invoice, either for themselves or for their Professional Corporation, should contact the College office immediately. Fees not received in the College office by the 3rd of January, 1995 will attract a late payment fee of \$100. Physicians who have not contacted the College office by that time will have been assumed to have received the invoices.