

July 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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**Officers and Councillors 1993-1994**

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Ms. Suzanne Toole, Saint John  
Dr. Pamela Walsh, Riverview

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**COUNCIL REPORT:**

At the meetings on April 15 and June 10, 1994 the Council dealt with the following matters:

**DR. PETER JACKSON:**

This anaesthetist had been convicted of assault of a patient in January 1993. Under an agreement with the physician, it was the order of Council that his license to practise medicine be suspended and that such suspension would be deemed to be served from April 15, 1992 to July 15, 1992. It is noted that during this period of time this physician had his hospital privileges suspended and was not otherwise practising.

**COMPLAINTS COMMITTEE**

A complaint was received regarding the management of a twin pregnancy. At approximately 36 weeks, the patient had noted a decreased foetal movement. A biophysical profile showed reduced amniotic fluid. Induction was started

the next day, but without results. She returned two days following and it was found that one of the babies had died. The Committee concluded that they could find no fault with the obstetric care provided. There were concerns regarding the communication between the series of physicians who had managed this patient over the course of a holiday weekend. There were also concerns regarding the scheduling practices in the hospital which created some confusion regarding the date at which the patient was to return for reassessment.

There was a complaint concerning access to medical records. A patient had attempted to obtain a consultant's report from the family physician as well as directly from the consultant. There was an initial resistance as the physicians attempted to check with the appropriate authorities. The patient became suspicious and made many phone calls to the physicians' offices. While it was hoped that physicians understand that they are obligated to provide the information in their patients' records, from any source, to the patient on request, it was clear from the many phone calls to the College office that this obligation is still not as widely known as it might be. As a consequence, no fault could be found with the conduct of the physicians in this matter.

There was a complaint regarding the management of a patient in an emergency department. The patient had presented with numbness in her left arm, back pain and fatigue. The diagnosis of gastric irritation was made. The family requested a cardiogram which was refused by the physician. On return the next day it was clear the patient had suffered a heart attack. The Committee felt that it would have been prudent to do a cardiogram. It did not feel that further action was necessary in this matter.

There was a complaint from a patient concerning an assessment done by a consultant regarding his disability. The complainant alleged that the assessment was inadequate. Upon reviewing a considerable amount of material it was clear that the patient's difficulties were largely with his employer and other authorities regarding his disability. Some relevant records have not been provided where appropriate. The Committee pointed this out to the patient and felt no further action needed to be taken.

There was a complaint regarding the management of a woman who subsequently died of meningococemia. She had been presented to an emergency department with a history of seizure, fever and chills, and was found on admission by the nurses to have low blood pressure. Over the next few hours she subsequently developed petechiae and then ecchymoses. It was only at that point that an antibiotic was provided. She subsequently died. The Committee felt that the physician who cared for this patient committed an error in judgement in not realizing the seriousness of the illness. However it was not felt that it was of such nature as to warrant further action by the College.

There was a complaint from a patient concerning the management of an ovarian cyst. An X-ray done some months earlier had suggested a pelvic mass, which in retrospect, was unrelated to subsequent problems. Nevertheless when the diagnosis of the cyst was made the patient became suspicious that she had been denied the full information earlier. The Committee felt that, even if the early X-ray finding had been erroneous, that subsequent difficulties could have been avoided if she had been provided with the full information.

There was a complaint regarding the management of an elderly patient over the course of some period of time. There was no fault found with the medical care provided. Nevertheless there was some difficulty regarding the communication which was provided to various members of the family. Such communication is an obligation of the physician, but it is appreciated that this can be very difficult

for the primary physician who may be asked to correspond with a wide range of people.

There was a complaint regarding failure to disclose a finding of endometriosis during a laparoscopy. Some years later the patient developed increasing difficulty with this problem and became convinced that earlier intervention would have been helpful. A review of the medical facts suggested that this was not the case. Nevertheless, if the patient had been presented with the relevant facts earlier, her subsequent suspicions may not have been raised.

There was a complaint regarding the management of a seventy-year-old who was presented to the hospital with chest pain. A diagnosis of a gastric ulcer was made and she was discharged. She died at home later of a heart attack. The physician admitted an error in judgement in his assessment of the patient. The Committee did not feel further action was necessary.

There was a complaint concerning the treatment by a physician of a family member. The treatment provided was felt to be within the reasonable standards of practice. Nevertheless, physicians are reminded that it is improper to treat family members except in emergencies, or for anything more than minor short-term problems.

There was a complaint that the care provided by a physician to a psychiatric patient who had been brought in for a physical examination by a mental health worker. A dispute arose regarding the ability of the patient to be properly assessed. The Committee felt that some of the physician's comments were not appropriate, but could find no fault with the care provided.

A complaint was received regarding the management of an ectopic pregnancy. There was an allegation that a trans-vaginal ultrasound examination was not done when it should have been. There were also allegations that the consultant gynaecologists had failed to properly diagnose the problem. Upon reviewing the matter, the Committee found that the patient's symptoms were not typical. There seemed to be no error in the gynaecological management. However, improved communication, especially since she had seen a series of consultants, could have avoided this complaint. The Committee also concluded that the patient should have had a trans-vaginal ultrasound done without undue delay when she had initially presented with symptoms suggesting an ectopic pregnancy.

There was a complaint from a parent regarding the conduct of a physician during the course of a test procedure done on her seven-year-old son. During the course of this procedure, the physician was conducting a teaching session with several medical students. The mother took offense at some of the remarks. The Committee concluded that the physician had acted appropriately. Physicians are reminded of the way in which such conduct may be misinterpreted, especially when parental anxiety is high.

Another complaint arose from a patient who was, after extensive consultation, recommended for a surgical procedure. She resisted this opinion and sought a referral outside the province. This was arranged, but at the time of her leaving a certain amount of acrimony had developed between the local physicians, and the patient and her family. The Committee concluded that the medical management was appropriate. Physicians are reminded of their obligation to reduce the anxiety of patients and their families, especially in a context such as this. The Code of Ethics allows patients the right to seek second opinions and such should be expedited where possible.

There was a complaint regarding the management of a child who had suffered a severe leg injury. This had initially been managed at a local hospital but, upon review, the treating surgeon acknowledged that he had failed to appreciate the severity of the injury. The child was eventually treated at a referral centre and suffered no ill effects. The importance of evaluating tendon and nerve function in patients with deep lacerations should be considered by any physician. When possible, referral to the appropriate surgical specialist should be considered.

There was a complaint from a patient who had alleged that the physician had improperly given preference to a pharmaceutical representative when the patient had presented for an appointment. On reviewing the matter, it was clear there was some confusion in the office as to the instructions given to the receptionist. No fault was found with the conduct of the physician. Nevertheless the Committee acknowledges that waiting rooms can be places where such misinterpretations can occur.

### FITNESS TO PRACTISE COMMITTEE

After complaints regarding prescribing practices the Committee ordered three physicians to attend assessments of their clinical knowledge at the Corporation professionnelle des médecins du Québec.

Two physicians who had had difficulties with substance abuse were interviewed by the Committee. They will enter monitoring agreements which will allow them to continue to practise.

### BY-LAWS COMMITTEE

The Council adopted several changes to the By-Laws and Regulations of the College.

The By-Law governing election procedures was amended. This was mainly done to clarify some procedures. None of the measures have a significant impact on the conduct of the elections.

In keeping with changes to post-graduate training programs, several changes were made in the By-Law governing the Medical Education Register. Henceforth, all interns and residents will be grouped as post-graduate trainees. They will be considered to have all the rights and privileges of a fully licensed physician, but must limit their practice to that allowed by their respective training programs.

It should also be noted that medical students must register on the Medical Education Register. They may only function under the complete control, direction, and authority of a physician who is licensed.

Several amendments to the regulation governing professional misconduct were also adopted. These concern the definitions of sexual misconduct and provisions requiring mandatory reporting of physicians who may be guilty of professional misconduct. Copies of these specific regulations are enclosed.

**PRACTICE DIRECTIONS**

To augment the changes in the professional regulations, the Council adopted several practice directions concerning sexuality and the doctor-patient relationship, patient privacy and mandatory reporting of colleagues. Copies of these are enclosed.

**SCALING OF FEES**

Every year during the course of billing of annual dues, it is clear that many physicians have left the province and were not planning to renew their license. It was proposed that a refund policy be instituted which would allow physicians to be compensated for any unused portion of their license. It was hoped that this would encourage them to advise the College of their intentions. The Council approved a draft of this policy which will be implemented when the appropriate accounting changes can be made.

**CERTIFICATE OF REGISTRATION**

In response to requests from several individuals, the College has prepared new bilingual Certificates of Registration. Members wishing one should contact the College.

**COUNCIL ELECTIONS**

There were Council elections scheduled in four districts this year. Elected by acclamation were Dr. Georges Surette of Moncton and Dr. Nataraj Chettiar of Bathurst.

Successful at elections were Dr. Leonard Higgins of Saint John and Dr. E. Ludgar Blier of Saint-Basile.

**ANNUAL ANNOUNCEMENT**

Included with this mailing is the 1994 Annual Announcement. Physicians may obtain additional copies at a cost of \$10.