

June 1995

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.

Officers and Councillors 1994-1995

President - Dr. L.M. Higgins, Saint John
V.-P. - Dr. Michael Perley, Woodstock

Registrar - Dr. Ed Schollenberg

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Dr. Ludger Blier, Edmundston
Dr. Christine Davies, Saint John
Dr. Beatriz Sainz, Oromocto
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Dr. William Martin, Newcastle
Dr. David Olmstead, Fredericton
Dr. Nataraj Chettiar, Bathurst
Ms. Suzanne Toole, Saint John
Dr. Pamela Walsh, Riverview
Mr. Eugene LeBlanc, Dalhousie

COUNCIL REPORT:

At its meeting on June 9, 1995, Council considered the following matters:

COMPLAINTS COMMITTEE

A complaint arose regarding the management of a pregnancy which resulted in a stillbirth. It was alleged that the physician had failed to properly assess the patient during the latter part of her pregnancy. It was alleged that when she presented at 36 weeks, the seriousness of the situation was not recognized. She went into labour and the baby was subsequently found to be stillborn and severely growth retarded. The physician acknowledged there had been an error in judgement regarding his approach regarding his assessment of the patient at her final visit. The Committee also noted that there had been a significant space of time since the previous visit. This should have warned the physician to be more mindful should any problems develop. The Committee felt that no further action need be taken on this matter. Physicians are reminded that, while their results cannot be guaranteed, their conduct will be more defensible if they have made more reasonable efforts to follow current protocols regarding monitoring of pregnancy and timing for prenatal visits.

A complaint arose regarding an alleged missed diagnosis of the meningitis in a twelve year old girl. She subsequently had to be transferred out of the province, but recovered completely. The physician responded that he had considered the diagnosis and found no evidence of it, but nevertheless admitted the child and began treatment with intravenous penicillin for a different infection. It was the Committee's conclusion that the management was appropriate and that, more than likely, the decision to begin treatment had a significant beneficial effect on the eventual outcome.

A complaint arose regarding the management of a patient pregnant at 34 weeks with premature rupture of membranes. She presented to a hospital away from where she lived and was initially advised that induction would take place. A second obstetrician took over her care the following day and, after some discussion, it was decided she would return to a hospital closer to home. She went into labour on arrival, delivered an apparently healthy baby who was quickly started on antibiotic, but who subsequently deteriorated and died. The cause of death was respiratory distress syndrome, possibly related to sepsis, but the latter was not proven. The complainant alleged that the failure of the two obstetricians to communicate contributed to the eventual demise of her child. In reviewing the matter, the Committee noted that there was no clear evidence that there was a relationship between the premature rupture of membranes and the eventual results. Nevertheless, in these situations, the failure of physicians to communicate regarding the care of a patient can make subsequent explanations difficult. The Committee determined that no further action was necessary in this matter. Physicians are strongly encouraged to communicate, directly or indirectly, regarding the management of patients in such a situation.

Council referred several matters to Boards of Inquiry, including allegations of sexual impropriety, refusal to treat, and miscellaneous professional misconduct.

FITNESS TO PRACTISE COMMITTEE

The Fitness to Practise Committee reviewed several matters. Based on complaints, three physicians were ordered to undergo an inspection of their practice. A fourth physician was ordered to submit to an examination of clinical skills.

The Committee had also been referred a matter from the Complaints Committee. This concerned an allegation of failure to diagnose meningococcal meningitis in an infant. The patient was seen sequentially by two family physicians and subsequently referred to a regional hospital. After assessment there, the child was sent home, but subsequently deteriorated and eventually died.

The Committee heard from all of the physicians involved as well as the parents. There was a considerable dispute involved regarding the precise signs and symptoms which were evident at the time in question. In the end, the Committee could find no definite evidence that there had been a breach of professional standards. The Committee recommended no further action on the matter. The Committee noted that failure to diagnose this particular illness in children and young adults had become an extremely frequent complaint. This has largely to do with the nature of the illness. As such, particularly when there is a bad result, it may be inevitable. All physicians can do is maintain an index of suspicion.

PROFESSIONAL MISCONDUCT REGULATION

The Regulation which deals with misconduct and disciplinary matters has been amended several times over the last few years. A current version of this regulation is enclosed with this mailing.

ANNUAL BILLING

Council has accepted Notice of Motion which would change the annual billing process of the College. Annual dues still must be paid by 1 January of each year. Payments received after that time would attract a late fee. Nevertheless, a large number of payments are usually received late and require additional notices. For that reason, Council is considering removing the provision of late payment fee. Subsequently, all dues which have not been received by the beginning of January will result in immediate suspension, as provided in the Medical Act. In other provinces where this is done, the number of late fees is one tenth of what it has been here over the last several years. The cost savings can be significant as most of these are individuals who were not intending to renew anyway, but had failed to advise the College.

To expedite this, provision will be provided for payment by postdated cheque and by pre-authorized payment. Final decision on this has not yet been made.

The annual fee for next year has not been determined, but, at this point, no increase is planned.

COUNCIL ELECTIONS:

At the recent Council elections, the following individuals were elected:

- Region 2 - Dr. David J. Beaudin
- Region 3 - Dr. Michael P. Perley (by acclamation)
- Region 5 - Dr. Marc Panneton
- Region 7 - Dr. William J. Martin

In addition, Mr. Eugene LeBlanc, of Dalhousie, has recently been appointed as a Public Member by the Lieutenant-Governor in Council.

MEDICAL ACT AMENDMENTS:

In the near future, members will receive information regarding proposed amendments to the Medical Act. These were introduced in April and are proceeding through the process. Nevertheless, because of anticipated delays in the Legislature this year, it is not expected that the matter will conclude for many months. In any case, an information session will be held at the time of the Annual Meeting in September.

Greater detail will follow. Nevertheless, there has been some confusion expressed regarding the impact of some of the provisions. This may require some clarification. For example, there will be no change in the complaints policy within the College. All complaints must be submitted in writing and be of sufficient detail for a physician to respond. Complaints will only be accepted if the complainant has sufficient interest in the issue. Complaints not reduced to writing or too vague, will not be proceeded with.

The only change in this area is an amendment which will allow some preliminary investigation to proceed absent of a formal complaint. Most of these matters are issues raised by other physicians who are reluctant to file a complaint. Nevertheless, concerns may be expressed regarding a colleague.

There is also an attempt to modify the College's approach in the case of matters requiring urgent attention. The current approach requires that the matter proceed immediately to a formal inquiry. As many of these situations concern particular personal difficulties in which a physician may find himself, the approach has been found unnecessarily adversarial. A less confrontational approach is to be preferred.

Other amendments are designed to expedite the disciplinary process. This should avoid such matters becoming unnecessarily prolonged or expensive, for either the College or the member.

Other amendments should provide greater flexibility in the ownership and naming of professional corporations. In addition, amendments will preclude the use of any report or material, generated in an investigation by the College, in a subsequent civil suit.

OLD ANNUAL ANNOUNCEMENTS:

Some copies of the Annual Announcements from 1993 and 1994 are available, free, to anyone who wishes one for whatever reason. Please contact the College office to request these.