COLLEGE of PHYSICIANS and SURGEONS of NEW BRUNSWICK

BULLETIN

COLLÈGE des MÉDECINS et CHIRURGIENS du NOUVEAU-BRUNSWICK

September 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

IMPORTANT INFORMATION RE: ANNUAL BILLINGS

Effective in 1996, fees which are not received by the beginning of January will result in suspension of medical licensure at that time. To minimize billing difficulties, as before, the office will accept cheques post-dated no later than January 3rd, for payment of fees.

In addition, annual fees for 1996 have been reduced from $600 to $570 due to an improved financial picture. This relates to greater efficiencies in complaint and disciplinary activity.

An additional new feature for 1996 is the provision for a pre-authorized payment plan. This will allow billing to occur automatically on an annual basis. To encourage the use of this process, which will save on administration time and expense, physicians who take advantage of this will only be billed for $550 for 1996.

Enclosed with this mailing is a form which may be signed and returned, with a "VOID" cheque, to the College office for those interested in taking advantage of this. Physicians can also enrol at the time of the annual invoice, sent out in November.

Please note, that as before, license suspension for failure to pay the New Brunswick Medical Society dues will not take place until March 1st.

At its meeting of Council on September 21, 1995, Council reviewed the following matters:

COMPLAINTS:

There was a complaint regarding the management of a 15 year old girl who underwent a laparoscopy. There was an arterial injury which required her to be transferred to another facility. She subsequently did well. The Committee could find no fault with the care provided by the physician.

There was a complaint regarding the management of an elderly man at an Emergency Department. It was alleged that the Emergency physician failed to diagnose a heart attack. The patient was admitted for another reason, but was subsequently found dead. It was determined by the Committee that the heart attack occurred after admission, and as a consequence, there were no signs or symptoms requiring the physician to take any different course of action.

There was a complaint regarding the management of an elderly woman who developed confusion and gastrointestinal bleeding during an admission for a fractured hip. The Committee found that the diagnosis of the bleed was made in a timely fashion and that appropriate consultations were arranged. However, the consultant was delayed, arriving after the priest, and the family came to the conclusion that inadequate attention was being provided. The Committee concluded that they could not find any fault with the care provided. The Committee also noted that the patient may have developed confusion as a result of failure to continue Serax which she had been taking prior to admission. The risk that this might occur should be considered in similar situations.

There is a complaint regarding complications which resulted after an orthopaedic procedure. Upon reviewing the matter, and obtaining expert opinion, the Committee could find no fault with the care provided concerning the indications for surgery and the operative procedure. While the surgeon may have been more responsive to the patient's concerns during the recovery phase, the Committee could not find that further action was warranted.

There was a complaint regarding a family physician whom the patient had approached regarding potential treatment with a particular anti-depressant. A discussion on the pros and cons of treatment turned into an argument. The Committee felt that, while there is a great onus on physicians to avoid such discussions deteriorating, there may be situations where such is unavoidable.

There was a complaint regarding the management of a delivery. The child suffered an Erb's palsy. It was alleged that the appropriate steps were not taken during the course of the delivery to avoid the problem. On reviewing the matter, and obtaining expert opinion, the Committee could find no fault with the care provided.

There was a complaint that a family physician had improperly refused care to a patient. The patient had been referred to the physician from an after hours clinic and presented for an examination. After the examination, the patient was advised that the physician was not willing to continue to see the patient. In response to the College, the physician claimed that the patient did not "fit" within the physician's practice. The physician stated that having the patient screened at an initial visit was an appropriate way to determine this. The Committee noted there was a dispute as to whether there had been any warning regarding the "screening" nature of the first visit. Nevertheless, the Committee wishes members to be advised that such an approach cannot be viewed as ethical. Physicians are allowed to refuse to see patients for various reasons, so long as they are not discriminatory. They may also advise patients to leave their practices, provided appropriate mechanisms are used. However, unless circumstances clearly dictate otherwise, once a patient sees a physician, there is an expectation that care will be continued until it is appropriately terminated. Furthermore, the Committee does not feel that only accepting patients in the manner described comes within the best traditions of comprehensive family practice. Finally, if physicians wish to advance their role as the "point of entry" to the health care system, an appearance of accessibility must be maintained.

FITNESS TO PRACTISE COMMITTEE:

This Committee heard an appeal from a complainant regarding the failure of a family physician to properly assess a patient with a diabetic foot ulcer. After hearing extensively from both parties, the Committee concluded that the physician had provided the appropriate care and consultation. The Committee determined to dismiss the appeal.

The Committee had previously ordered an in-office assessment of a physician in regards to a complaint regarding certain aspects of his practice. A physician from out-of-province visited the physician's office and conducted a chart audit and interview. As a result of this, the inspector felt that the care provided by the physician was appropriate and up to standard. The Committee thus concluded its investigation of the matter.

The Committee also reviewed a matter regarding a surgeon who had cancelled surgery on a patient allegedly because the patient had attempted, on several occasions, to discuss the surgery with the physician. The physician cancelled the surgery the day before it was booked and advised the patient to return to her family physician. The Committee notes that physicians are entitled to withdraw their services from a patient, but must make every effort to expedite care. As a consequence, the appropriate action would have been for the surgeon to refer the patient directly to a colleague. On another matter, the complainant also alleges that while the surgeon was on vacation, there was no one providing coverage, nor even answering the telephone. The Committee advised the surgeon that this was improper. Every effort should be made to have an individual designated to cover for a physician's patients. This information should be available through the physician's office. To leave a phone unanswered is not acceptable, especially given current technology.

NOMINATING COMMITTEE:

Council accepted the report of the Nominating Committee and elected the following:

President - Dr. Michael Perley, Woodstock
Vice-President - Dr. David Beaudin, Saint John

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