

September 1997

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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► **Notice Re Annual Dues for Physicians Paying by Preauthorized Payment:**

This is to advise that Council has approved a reduction in the annual fees to \$500.

For physicians who pay by direct withdrawal, no invoice will be sent this year. Rather, the monies will be withdrawn at the beginning of January, and receipts will be issued at that time.

If physicians have changed their banking arrangements, or do not wish to renew their license, they should contact the College office.

► **Notice Re Annual Dues for Physicians Paying by Cheque:**

This is to advise that the Council of the College has reduced these fees to \$520.

Invoices will be sent in November. Fees are due by January 1<sup>st</sup>. Suspension of licensure will follow for fees not received by that time.

At the time of invoicing, forms to arrange direct withdrawal will be available.

**At its meeting on September 5, 1997, Council considered the following matters:**

**COMPLAINTS:**

There was a complaint that a physician had refused a request for a referral. The patient's problem was evidently in remission at the time of the request. It was the conclusion of the Committee that little benefit would flow from referral at that time. Nevertheless, the *Code of Ethics* obligates physicians to accede to reasonable

requests for referrals or second opinions.

There was a complaint that a physician had failed to provide medical reports on several of her patients. As a result, there were considerable extra expenses to these individuals due to delays in resolving a legal matter. Physicians are reminded of their responsibility

to provide these reports in a timely manner.

There was a complaint from an employer that a medical report on an employee had been submitted with a bill which was felt to be excessive. The report consisted of a single hand-written page. The employer was invoiced for \$400. When the employer questioned the

amount of the bill, the physician went to Small Claims Court, obtaining a judgement. In response, the physician stated that the report took two or three hours and the fee charged was \$200 or \$300 per hour. The Committee noted that this was not an adequate response to an inquiry regarding a fee. The precise time charged should be clearly documented. Furthermore, the rate charged appeared excessive under the circumstances. The Committee also noted that rather than proceeding directly to a legal remedy, the physician was obligated, under the *Code of Ethics*, to be prepared to discuss any fee charged.

There was a complaint regarding a patient who had suffered significant complications after a rib injury. It was alleged that the complications had developed as a result of the treatment provided. In reviewing the matter, the Committee could find no evidence that this was the case. It appeared clear that the rib injury had resulted in pneumonia which eventually resulted in a bacteremia. No fault was found with the care provided by the physicians involved.

There was a complaint that a family physician had failed to advise a patient that an examination would be conducted by a resident physician. In response, the physician had noted that the patients were advised by both signage and by the staff of these circumstances. Furthermore, the resident involved was fully competent, near the end of her training. The Committee noted there were some difficulties with the examination itself, which evidently increased the anxiety level of the patient, setting the scene for the complaint which ensued. Other than making the efforts which the physician had already undertaken to provide the information to patients, and possibly anticipating when further

difficulties may arise, such problems may remain difficult to avoid.

There was a complaint from a patient who had a cosmetic procedure that the results were unsatisfactory. On reviewing the matter, there was no evidence that the technique was improper, nor that the results were as unsatisfactory as the patient claimed.

There was a complaint that a physician had had an improper sexual relationship with a patient. This matter was referred to a Board of Inquiry.

There was a complaint that a physician had sexually abused four patients. These matters were all referred to a Board of Inquiry.

#### REVIEW COMMITTEE

The Review Committee, formerly the Fitness to Practise Committee, reported that a physician had been ordered, in response to a complaint, to attend an assessment of competence at a centre out of province. The physician had agreed to this assessment.

#### OPTING OUT

In past Newsletters, members have been given notice that the Council was considering amendments to the Regulations which would limit the ability of physicians to provide differential services, based on the patient paying directly for that service, rather than receiving it on an insured basis. Based on submissions from members, Council has determined that an amendment to the Regulations did not appear to be the appropriate method to deal with the issue. There appeared to be a legitimate concern that the proposed wording could be taken to preclude other behaviour which was ethically acceptable.

To that end, Council has decided not to proceed with a regulatory amendment at this time. Rather, a different approach, perhaps a short policy statement, advising physicians on the potential ethical difficulties, would be developed.

#### REPORTING OF CHILD ABUSE

A member had requested clarification of the obligation to report child abuse. The question concerned whether a member, who was told of the possibility of child abuse, had a responsibility to report it to the Department, even if they were uncertain of the merits of the case. Physicians are referred to the *Child Victims of Abuse Protocols* which were circulated to all the members by the Department last year. These state quite clearly *"Prior to referral, professionals who report the incident should not attempt to make a subjective determination as to whether or not the allegation is true or false."* In other words, when physicians are advised of a possibility of child abuse, the legal and ethical obligation to report is immediate. Furthermore, if another physician also receives such an allegation, he or she is obligated to report it, regardless of whether the matter had already been reported. This principle was most recently illustrated in Alberta where it was held that a radiologist, on seeing a suspicious CT scan, was himself obligated to report directly to the Department there.

#### EXECUTIVE COMMITTEE

Council appointed the following to the Executive Committee for 1997-1998:

President:

Dr. William Martin, Miramichi

Vice-President:

Dr. Pamela Walsh, Riverview

Past President:

Dr. David Beaudin, Saint John

Member at large:

Dr. Beatriz Sainz, Oromocto

Public member:

Mr. Eugene LeBlanc, Dalhousie