

July 1998

This Bulletin is forwarded to every medical practitioner in the province. Decisions of the College on matters of standards, amendments to Regulations, guidelines, etc., are published in Bulletins. The College therefore assumes that a practitioner should be aware of these matters.

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At its meeting on 12 June 1998, Council considered the following matters:

COMPLAINTS:

A patient attended an emergency department with an overdose. The cause was uncertain. An appropriate investigation was done, but the physician was falsely advised by the staff that all relevant investigation was negative. Consequently, when the patient was stable, he was discharged without appropriate treatment. The Committee felt that the error was inadvertent, but acknowledges that it is the physician's ultimate responsibility that all relevant information is available before decisions are made regarding treatment or discharge. Furthermore, as reviewed in the last Bulletin, it appears to be the physician's responsibility to ensure that mechanisms are in place so that significant results are communicated directly to the physician's attention.

A patient underwent two unrelated procedures at the same time. He suffered complications to both procedures. He alleged that the care provided was improper. From the

information at hand, there was no evidence that the individual procedures were performed improperly. However, there were concerns regarding the decision to perform both at the same time. It was possible that this had increased the risks of complication. For example, a bacteremia resulting from one procedure could have caused a septic complication at the site of the other. Nevertheless, all of these matters can be dealt with by obtaining appropriate informed consent from the patient. Physicians are reminded of their ethical and legal obligation to obtain consent on an informed basis and to document such.

A surgeon discovered significant pathology at the time of a procedure. The prognosis appeared hopeless. The matter was immediately discussed with the patient's family, but not with the patient himself for several weeks. (Subsequently, the patient did much

better than expected.) The patient and family allege that the surgeon had not communicated appropriately. The Committee noted that the matter presents some difficulty. While it will often be felt appropriate to delay giving bad news to a patient to allow some recovery, the longer the difference between the time the matter is communicated to the family members and to the patient, the greater the potential for difficulty. Physicians can delay giving such news to the patient if they feel it will cause harm, but clear documentation of the reasons for doing so can be of benefit later.

A physician wished to refer a matter to another health professional to provide support for a patient's treatment program. Unfortunately, the appointment was made and information passed without first communicating directly with the patient. (Unknown to the physician, the referral was sent to an acquaintance of the patient.) The

patient alleges this was an inappropriate breach of confidentiality. In reviewing the matter, the Committee felt that the error was inadvertent. Nevertheless, it was clear that any such matter should be discussed, in advance, with the patient. Patients have the right to both accept or reject any treatment they wish, as well as the right to control access to their personal information.

A patient, with a past history of breast cancer, was seen with hip pain. She alleged that the physician did not respond appropriately to the symptoms, and, as a consequence, she went on to develop a metastasis from the breast cancer. In reviewing the matter, the Committee felt that the physician's investigation was completely appropriate. It was clear that some misinformation had been provided to the patient regarding the follow-up for breast cancer. Physicians are directed to recently published guidelines, as well as patient information, which clarifies some of these issues.

There was an allegation that a physician had not communicated properly to a parent who did not have legal custody of a child under treatment. The complaint alleged that the physician had the responsibility to communicate relevant information to a non-custodial parent and to allow that parent to provide input on treatment decisions. On reviewing the matter, and after obtaining legal opinion, it was clear that the physician's only responsibility was to communicate with the custodial parent. While the parent who did not have custody had the right to such information, it was a right to be asserted against the other parent, not the physician. In other words,

physicians have no duty to communicate any information directly to a parent who does not have clear custody of the child. If there is any uncertainty regarding the parent's status, the physicians should clarify such before providing any such information.

A patient was under care in an institution. A new consultant began providing services to the institution and, without seeing the patient, discontinued some of the patient's medication. The patient alleged this had caused harm. The physician responded that he did not feel it necessary to obtain consent for a discontinuation of treatment. The Committee noted this was a complex matter. Physicians are not requested to provide treatment with which they disagree. Thus, there is no specific obligation to continue treatment which has been instituted by another physician. Nevertheless, there should be consent to treatment changes. In this case, the physician had neither examined the patient, spoke to the patient, nor communicated with the previous physician. The Committee felt that any of these measures would have allowed the physician to defend himself on the charge that he was providing treatment without clear consent.

Council also appointed a Board of Inquiry to deal with five allegations of professional misconduct against a physician.

COUNCIL:

Elections to Council were recently held. Dr. William Martin of Miramichi and Dr. Marc Panneton of Campbellton were re-elected by acclamation.

New members of Council are: Dr. Rudolph Stoczek of Hartland, and Dr. Douglas Brien of Saint John.

In addition, Mr. Eugene LeBlanc of Dalhousie has been reappointed as a Public Member by the Minister of Health.

SUICIDAL BEHAVIORS:

A booklet from the College in Alberta is enclosed with this mailing.

FROM THE ARCHIVES:

90 Years Ago

In May 1908, Council decided to take no action against a physician placing signs along the highways in the Acadian Peninsula. The same year, the Council determined to raise the registration fee from \$20 to \$40.

75 Years Ago

In June 1923, Council raised the annual dues from \$2 to \$3. They also increased the Registrar's salary to \$600 per year, but advised that he would have to pay for his own stenographer.

60 Years Ago

In July 1938, Council decided not to take action against several unlicensed individuals advertising cures for cancer. They also decided to require all new applicants to have the LMCC.