



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 meetings on 18 December 1998 and 26 March 1999, Council considered the following matters:

DR. K. A. AKUFFO-AKOTO

This physician was found guilty of professional misconduct by the Professional Conduct Committee of the General Medical Council of the United Kingdom. This finding was on the basis of four complaints of sexual abuse arising from patients in New Brunswick.

As a result of this finding, the General Medical Council revoked Dr. Akuffo-Akoto license and struck him from the Register.

Having been found guilty of professional misconduct in another jurisdiction, the Council of the College of Physicians and Surgeons of New Brunswick also found Dr. Akuffo-Akoto guilty of professional misconduct, revoked his license, and struck his name from the Registers.

DR. X

During the course of a complaint investigation, this physician entered an agreement with the College to restrict certain aspects of his practice. He confirmed this agreement in writing on three occasions.

However, he subsequently advised of his intention to continue practice without restriction, and on doing so, was charged with professional misconduct for breaching an agreement with the College with respect to his practice.

Having been subsequently found guilty of professional misconduct by a Board of Inquiry, this physician was ordered by Council to be subject to a reprimand, without publication of his name, as well as to pay the costs of the matter.

COMPLAINTS

A patient had a procedure, including a biopsy, performed by a consultant. There was an abnormal result, but the consultant left practice unexpectedly ill and the patient was not seen for a follow-up, nor advised of the results. Some months later, the patient's family physician became aware of the results and communicated them to the patient. The patient complained against the family physician for the manner in which the information was

communicated. The Committee found no fault with his approach, but did note that the consultant had the prime responsibility for communicating the results of an investigation. Ideally, mechanisms should have been in place to deal with unexpected absences from practice. However, such may not always be possible.

A patient suffered a significant anaesthetic complication during a surgical procedure. A complaint was filed by the family of the patient. From a technical point of view, the Committee could find no fault with the anaesthetic care provided. The physician had responded appropriately to an extremely difficult situation. The Committee's only comment was that, under these circumstances, the anaesthesiologist would have had prime responsibility to communicate directly with the family regarding the course of events. It should not have been left exclusively to the surgeon to discuss this with the family.

A baby was stillborn and septic, twenty-six hours after the mother's

