



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.

Council Update

At its meeting on 29 November 2013, Council considered the following matters.

COMPLAINTS

A *Counsel* is advice as to how to improve the physician's conduct or practice.

A *Caution* is intended to express the dissatisfaction of the Committee and to forewarn the physician that if the conduct recurs, more serious disciplinary action may be considered.

A *Censure* is the expression of strong disapproval or harsh criticism.

A patient complained that she had been involved in an improper relationship with a physician. The patient was under the physician's care for a few months seven years ago. She alleged that the physician was somewhat friendly in that context, but no improper activity occurred then. A few months after she was no longer under his care, an intimate relationship developed. They subsequently cohabited for a number of years. Eventually, the relationship deteriorated. In response, the physician asserts that he provided appropriate professional care to the patient while she attended him. The relationship started consensually and independently sometime afterwards. On reviewing the matter, the Committee noted that there appeared to be no evidence that improper contact had occurred while there was a professional relationship. There was no evidence that the physician had unduly influenced the complainant, nor that she was particularly

vulnerable. Although not determinative of the issue, the Committee also noted that the complaint had only arisen after a significant dispute regarding monetary and other matters. The Committee could find no evidence of professional misconduct.

A patient was being followed by a consultant for an uncomfortable and frustrating matter. The patient asserted that the physician was not providing appropriate care during this time. The physician noted that the patient had declined all of his suggestions for therapy. On the last visit, a significant argument arose and the physician immediately advised the patient that he would no longer provide any care. The Committee noted that the relationship between the two was clearly deteriorating and unlikely to continue. Nevertheless, the physician had failed to follow appropriate guidelines regarding terminating the patient's care and, as a consequence, was issued a *Counsel*.

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A patient saw a consultant for a significant medical issue. Somewhat later, she saw another consultant, through the Emergency Department, for a complication. By this point, she was not satisfied with the care provided with her initial treatment and wished to continue to see the second consultant. She was initially advised that it would be best for her to continue with the physician she already had. When she pressed the matter, she was advised directly that she did not have the right to change physicians. In reviewing the matter, the Committee notes that patients do have the right to accept or reject any care that is offered. Unless there are particularly extenuating circumstances, the patient should also have the right to choose which physician they wish to see.

While it may have been reasonable to encourage the patient to continue with the first physician, it was improper to completely deny her right to change if she wished. As a consequence, the physician was issued a *Counsel*.

A patient suffered a laceration of her hand. She attended the Emergency Department where she waited for three hours without being seen by the physician, nor was there any significant care provided by other staff. She alleged the physician walked passed her several times without even acknowledging her presence. She also noted that he appeared to be frequently distracted by personal matters, including cell phone calls. She subsequently left the Emergency Department to attend one in another community. There was no attempt to discourage her from doing so. In response, the physician asserted that the patient load in the Emergency Department was extremely heavy during the time in question. He felt obligated to prioritize treatment of patients based on the severity of their issues. In reviewing the matter, the Committee had a number of concerns regarding the care provided to this patient. While it was agreed that the injury was not life threatening and, hence, not a high priority, it was uncomfortable and some assistance by nursing or medical staff would have been helpful. The Committee noted that the nursing care offered to the patient appeared to be rather indifferent. To some extent, the physician must accept some responsibility for this. Furthermore, any appearance by the physician of indifference to the patient may often be noted. Physicians need to be conscious of

how their activity appears to patients who are uncomfortably waiting for care in that context.

The Committee reviewed two separate complaints where there appeared to be failures on the part of the physicians' offices in follow-up care. In one case, the physician failed to advise the patient of a significant test result. In another case, the physician's office declined to assist the patient in confirming that a consultation request had been forwarded. In each case, the Committee felt it appropriate to issue a *Counsel*, as in neither case was there a process of any kind to avoid such lapses in communication. Physicians are directed to recent College guidelines on the matter.

A severely disabled patient was a resident in a nursing home. The patient suffered frequent complications and infections, often requiring hospital admission. On the occasion in question, it appeared to be a similar situation developing. The physician on call was contacted. A request to transfer the patient was denied and the physician declined to immediately assess the patient. The patient was transferred in any case and required several days of hospital treatment. In reviewing the matter, the Committee was uncertain as to how frequently the patient became ill without the need for a transfer. This would help the Committee determine whether it was reasonable for the physician to defer assessing the patient, or whether such difficulties inevitably needed hospitalization. The Committee did not feel it could provide further comment on the matter.

Annual Fees

By now, all physicians should have received their combined invoice for their annual fees, and those of their Professional Corporation where applicable. Physicians should contact the College immediately if such has not been received. Physicians should also contact the office if there has been a change in their banking information or their contact information.



Guidelines

As part of an ongoing review of the guidelines, this is to advise that the guideline on *Charging for Uninsured Services* has been readopted. In addition, the guideline on *Chronic Pain* has been repealed, pending more current information. Finally, in response to several ongoing issues, new guidelines, borrowed from other agencies, have been adopted on the *Screening of Potential Patients*, as well as "*One Problem Per Visit*". These guidelines are enclosed for information.

