



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 3 June 2011, 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 underwent an office procedure. He complained of unnecessary pain during the procedure and that the physician was aggressive, forceful and insensitive in his remarks. The physician responded that, in order to avoid discomfort, the patient must strictly follow certain instructions. These may be issued in an aggressive tone to ensure compliance. On reviewing the matter, the physician agreed that a better initial explanation to the patient in advance could have ameliorated the situation.

A patient developed a significant internal abdominal problem. Surgical treatment was necessary, but involved very significant risks. The surgeon had to determine whether to proceed immediately to corrective surgery or conduct further

investigation to be certain as to the etiology. While this was being considered, the patient had an acute episode and died. In reviewing the matter, the Committee felt that, despite the outcome, the surgeon had demonstrated appropriate judgment in the matter.

A morbidly obese patient presented to the Emergency Department with an injury. While there, through a glass partition, she alleged she saw two physicians laughing at her appearance on an x-ray. She complained concerning the one that was treating her. In response, the physician stated that another individual, passing by, had made certain inappropriate comments. The patient, unfortunately, witnessed this. The physician apologized and asserted he had in no way reacted improperly

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to the patient's habitus or to the x-ray. He stated he had spoken to the other individual, who was not the subject of complaint, regarding the inappropriateness of his actions.

A patient developed a scrotal hematoma after an inguinal hernia repair. Sometime later it became infected and abscessed. Then followed a prolonged recovery. He alleged that the care provided was improper. The Committee noted that, in response to the complication, the surgeon had acted appropriately. In regards to the initial procedure, there was no evidence of deficient care. The complication was a known one. The patient had an unfortunately difficult course of recovery.



CONSULTATIONS

The College has received reports that certain physicians are declining to accept consultation requests directly from nurse practitioners. This is to advise that this approach is improper. Such requests from a nurse practitioner should be handled identically to a request from any physician. Furthermore, any consultation report should be forwarded directly to the requesting practitioner. Failure to do so makes the consultation, by definition, incomplete. Physicians should also note that the same policies will eventually apply to mid-wives as well.

OPIOID MANAGER

Members will recall that new national guidelines on the use of narcotics and pain management were adopted in 2010. They are available, in English only, at the following website <http://nationalpaincentre.mcmaster.ca/opioid>

One aspect of these guidelines is the “Opioid Manager” a chart based tool for managing patients on narcotics. This has proven to be fairly useful. It is now available, in both languages, directly on the College website www.cpsnb.org.



COUNCIL ELECTIONS

Council elections have recently taken place. Newly elected from Region 1 is Dr. Susan E. Skanes of Dieppe, and from Region 3, Dr. Stéphane Paulin from Oromocto. Re-elected by acclamation, from Region 2, is Dr. Lisa Sutherland of Rothesay.

From the Archives

One hundred years ago

In 1911, Council prosecuted two illegal practitioners. That year, the *Canada Medical Act* was passed creating the Medical Council of Canada, and eventually the LMCC exam. In 1911 there were 264 physicians licensed in New Brunswick. The annual fee was \$1. The Registrar's annual salary was \$150. Total expenditure on postage and telephone for 1911 was \$3.50.

Seventy-five years ago

In 1936, Council discussed the prosecution of several illegal practitioners, refused the request of a nurse to continue managing the obstetric cases of her father, a physician who had recently died, and registered a physician who, because of lack of funds, had been denied a diploma by his university.

Fifty years ago

In 1961, Council determined to resist any initiatives to allow chiropractors admitting privileges to hospitals and requested that the Worker's Compensation Board no longer provide payments to chiropractors for diagnostic radiology. Council also determined to establish a fee for the licensing of Locums.

Twenty-five years ago

In 1986, Council reviewed a complaint that several physicians were considering opening a walk-in-clinic. They also appointed Dr. Victor McLaughlin as the first full time Registrar of the College and authorized him to purchase the first office computer for \$3,500. Annual fees were set at \$200 per year and the CMA *Code of Ethics* was adopted by Council for the first time.

