



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 4 June 1999, Council considered the following matters:

COMPLAINTS:

There was a complaint concerning a physician's billing practices. From the evidence at hand, the Committee felt that the issues had been resolved. Nevertheless, physicians are reminded of several areas, which can cause difficulty. First of all, physicians should provide receipts for any payments received from a patient. This is a clear ethical obligation. Furthermore, proper documentation is always of benefit should disputes arise later. The second difficulty can arise regarding physicians taking advantage of the opportunity to selectively opt out regarding otherwise insured services. Advice on this was previously addressed by the College in a Newsletter dated December 1997. Copies are available from the College office or on the College website.

A surgeon had performed a biopsy, but there was a significant delay before a final

histological diagnosis was reached. Initial attempts to contact the surgeon regarding the matter were unsuccessful. Furthermore, it was alleged that the pathologist involved had improperly delayed reaching a conclusion. While the Committee found that the surgeon had to await the final report being generated from the pathologist, it should be noted that the physician submitting a specimen for examination has some responsibility to make timely inquiries. Concerning the pathologists, it was noticed that the large part of the delay was due to the practice of one individual. When the matter was turned over to another, the appropriate measures were undertaken. The Committee notes that while physicians have responsibility for their own actions, there is some collective responsibility within departments. Thus, if a diagnostic report is inappropriately delayed, and this is known to other members of a

department, they retain some responsibility for ensuring procedures are in place to avoid such situations.

A procedure was recommended by a consultant. However, at the time of the appointment, the procedure was performed by another physician. No further discussion was provided to the patient. The Committee feels that it should only be in exceptional circumstances that the assessment for procedure is performed by a different physician from that performing the procedure. While there may be circumstances where such is appropriate, and an advantage, there are serious questions whether such an approach provides adequately for informed consent as required under the *Code of Ethics*. At the very least, the second physician should be available to completely discuss the matter and respond to any questions which may arise. In other words, the second physician is

