



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 14 June, 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.

WorkSafe NB complained that a physician had refused to complete the appropriate documentation for opioid prescribing to WorkSafe clients. The physician responded that the process was too lengthy and onerous, and he did not have time for such. In reviewing the matter, the Committee noted that the documentation, as well as the compensation for completing such, was developed in consort with the New Brunswick Medical Society. The Committee felt the physician had no reasonable excuse for declining to provide such information on behalf of patients. The Committee felt that the physician should be *Cautioned* regarding meeting such obligations in future.

A child with gastroenteritis was examined by a physician.

The physician felt that the patient was not dehydrated and could be managed with oral fluids. A few hours later, the patient was seen by another physician who felt it best to admit the child. The mother alleged the initial assessment was improper. In reviewing the matter, the Committee noted that several hours had passed after the first examination. Even though the second examination did not show significant dehydration, by then it was felt that hydration at home with oral fluids may not be sufficient. The Committee could find no fault with the care provided by the first physician.

The Committee dealt with two situations of patients being discharged by consultants. In one case, the patient had seen a surgeon once and then had been

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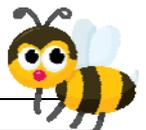
contacted with a follow-up appointment. The patient forgot the appointment and was advised that he would need to pay a fee, as well as get a new a referral, to be seen again. In response, the physician asserted that he was following prevailing guidelines on the matter. In reviewing the matter, there was some question as to whether the patient was given adequate and direct notice of any charge for missed appointments. In any case, if the surgeon was willing to see the patient again, he should have done so without insisting on payment of the fee first, nor another referral.

A patient had been seeing a consultant for many years for an ongoing problem. An unrelated matter arose and a new referral was sent by his family physician to the consultant. When he attended for his annual appointment, he wished to deal with the new matter. A dispute arose with the consultant’s staff. At the end of the visit, the consultant advised the patient that he would no longer see him. Given the ongoing relationship with the patient, the Committee felt that the consultant was bound by guidelines on terminating care, and should have given the patient a warning regarding any behaviour which could result in such. A *Counsel* was issued.

A patient complained regarding the advice a physician gave her in dealing with a number of stress and anxiety issues. She alleged that the physician improperly asserted that going to church would relieve a number of somatic symptoms. In response, the physician stated that he felt a comprehensive approach in dealing with many aspects of a patient’s life may assist with stress and anxiety issues. He felt that spirituality can play a role in such, but he did not mean that any particular approach was necessary. In reviewing the matter, the Committee did accept the benefits of a more holistic approach to the patient’s issues. Nevertheless, the Committee felt the physician could have been more cautious in his

terminology to avoid any inference that a specific religion, for example, should be followed.

A patient presented to an afterhours clinic with a sore throat, hoarseness, and sore ears. After a minimal examination, she was sent home without specific treatment. She asserted that the assessment was inadequate. In response, the physician stated that, from experience, he could determine the etiology of the patient’s symptoms and hence, did not require an extensive examination or culture. The Committee felt this did not meet the expected standard practice in this situation and *Counselled* the physician accordingly.



### Licence Terminology

In consultation with the Department of Health, the College will be proposing amendments to the *Medical Act* in the next few months. One change will involve the elimination of the Public Service Licence under Section 26 of the *Medical Act*. While such physicians will still be within a supervised structure, they will be no longer be required to be direct employees of a Regional Health Authority, but rather may be able to practice on a fee-for-service basis. This type of licence will now be called “Special”, “Supervised”, or another alternative. An additional change being contemplated would involve a harmonization of the terminology relating to unrestricted licences. One possibility would be to use the term “Regular”, (régulier in French.) Such a change would have no legal impact. Nevertheless, members are encouraged to comment by any means they wish.



### Council Elections



Elections were recently held for the Council of the College. Newly elected members include Dr. Nicole Matthews of Campbellton, Dr. Marcel Mallet of Moncton, and Dr. Jim Stephenson of Saint John. Re-elected by acclamation were Dr. Stephen Bent of Miramichi and Dr. Lachelle Noftall of Fredericton. In addition, the Minister of Health has recently appointed new public members, specifically Mr. Edward McLean of Saint John, and Mr. Donald Higgins of Rothesay.

