



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 26 November 1999, Council considered the following matters:

DISCIPLINE

There was a complaint that a physician had improperly left his practice in New Brunswick without notifying his patients, nor making any advance arrangements for alternate care.

The *Code of Ethics* advises the following:

10. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted, until another suitable physician has assumed responsibility for the patient, or until the patient has been given adequate notice that you intend to terminate the relationship.

The Regulations of the College preclude the following:

23. failure to continue to provide necessary professional services to a patient until the patient has had a reasonable opportunity to arrange for the services of another physician;

After discussions with the physician, he agreed to plead guilty to a charge of abandonment.

Council imposed the penalty of a reprimand, without publication of the physician's name.

COMPLAINTS

There was a complaint alleging inappropriate prescribing of benzodiazepines by a physician. While the physician offered some justifications, he did acknowledge there was an element of intimidation from certain patients. Several remedial measures were suggested. As a result, the physician's prescribing habits changed significantly. For this

reason, the Committee did not feel that further action was necessary on the matter, subject to on-going monitoring.

A terminal patient had a very rare diagnosis, which was not determined until just prior to death. There was a complaint from the surviving family members regarding the delay in diagnosis and delay in treatment.

The Committee agreed with the physician that the rarity of diagnosis contributed to the delay. Furthermore, until the specific diagnosis was reached, there was little treatment, which could be appropriately offered. The Committee did have concerns regarding the level of communication with patient and family, which occurred over this

