



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 17 September 1999, Council considered the following matters:**

**COMPLAINTS**

A patient requested that a physician complete a form in order for her to obtain a disability benefit. The patient complained that the physician had improperly concluded that she was not disabled. The Committee initially was unsure as to the degree of assessment the physician had performed, but on reviewing the matter, determined that the patient had, in fact, not presented with any complaint whatsoever, but simply sought to have the form completed in her favor. The Committee could find no fault with the care provided.

There was a complaint that a physician had improperly sought to establish a practice outside the scope of his employment, to which his license was restricted. The physician did not have the required approval of his employer to undertake such

activity. The Committee felt the physician had exceeded the limits of his license, but as he was no longer licensed with the College, determined to take no further action.

A patient complained that she had improperly been prescribed excessive quantities of addictive substances by a physician, and that further, the physician's records on the matter were inadequate. In response, the physician had stated that the situation had deteriorated slowly over some time. It was only when the situation became worse that the depth of difficulty was realized. It was also noted that the patient had frequently not followed recommendations on treatment and, often, initiated changes in treatment on her own. In reviewing the matter, the Committee notes that the ultimate responsibility rests with the patient for the difficulties she

found herself in. Nevertheless, some responsibility, as the prescriber of medication, must rest with the physician. The Committee appreciates that these problems can take time to develop. Nevertheless, the physician should make some effort to monitor the situation as best as possible. For example, a report on medications dispensed is often available from local pharmacies which may assist a physician in reviewing the prescribing history.

A patient was given a preoperative medication as a result of a "standing order" prior to a procedure. The patient's underlying medical condition would normally preclude that particular medication. While no harm was suffered, this did create some anxiety on the part of family members. The Committee noted that the preoperative assessment of the patient may not have been as complete as it must have been in terms of disclosing

