



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 27 November 2009, Council considered the following matters.

COMPLAINTS

A patient suffered severe and unusual complications following a Caesarean Section. She alleged that these were the result of a delay in the family physician seeking a consultation over the course of a lengthy labour. In reviewing the matter, the Committee noted that the records indicated the labour was lengthy, but was proceeding in an acceptable fashion. There was appropriate contact with an obstetrician when necessary. The complications which arose could not be directly related to any action or inaction on the part of the family physician caring for the patient during the time in question.

A patient was being treated by a consultant. The patient was at risk of significant complications from the treatment which would have required urgent intervention. The patient presented to the Emergency Department, where the attending physician failed to recognize the seriousness of the patient's condition and failed to contact the consultant. The patient subsequently suffered the complication at issue. In response, the physician

acknowledged the error and apologized to the patient. The Committee was satisfied with this response. The Committee also noted that, given the risks involved, it might have been preferable for the patient to be instructed to directly contact the consultant should problems arise.

A patient was referred to a surgeon for the recurrence of an issue for which she had been previously treated by the same physician. The procedure had previously been covered by Medicare, but shortly after the referral, and prior to being seen, the patient was contacted by the office advising that Medicare had determined the procedure would not be covered. On further inquiry, it was clear that this was a clerical error within the office. The patient had been confused with another with a similar name. The surgeon was willing to proceed with the treatment. Notwithstanding that, the patient alleged that the surgeon was improperly discriminating against her, thus attempting to avoid providing treatment. In reviewing the

matter, the Committee could find no evidence supporting the allegation. There was a simple clerical error within the office, the fact of which the physician attempted to correct immediately.

A health benefit provider claimed that a physician was improperly treating certain patients with human growth hormone. The physician asserted that there was evidence of therapeutic benefit for injury recovery. In any case, he was only prescribing growth hormone to a small number of patients. On reviewing the matter, the Committee could find no medical evidence to support the prescribing of growth hormone in these circumstances. The physician

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was **Cautioned** that such should only be done when there is documented deficiency, and with the guidance of a qualified consultant.

There had been longstanding difficulties between a patient and her family physician. This culminated in the physician insisting that the patient leave the practice. In reviewing the matter, the Committee found that the physician had given the patient many warnings regarding her behaviour and the risk of being discharged from the practice. Physicians are reminded of College guidelines on the matter.

The family of a patient who subsequently died of a malignancy complained that earlier treatment by a physician in the Emergency Department was inappropriate. They alleged that the patient was not treated with respect and was

disparaged regarding her weight and other issues. In reviewing the matter, the Committee felt that some of the remarks made by the physician and other staff could be misinterpreted. The Committee also noted that there was a significant sensitivity on the part of the family following the death of the patient for a matter unrelated to the treatment by the physician in question. The Committee felt physicians must be careful regarding the potential for any misinterpretation of remarks which would imply that a patient is receiving less than proper care.

There was a complaint that a surgeon had provided improper care to a patient. The patient had a recurrence of a non-malignant tumor. This was only partially removed despite it being clear to the surgeon that the tumor was

more extensive than he had advised the patient. Furthermore, the surgeon had failed to advise the patient following the surgery that the excision had not been complete. As a consequence, the patient developed further complications necessitating more extensive intervention. The Committee felt that the surgeon had failed to ensure that the patient had provided informed consent. The surgeon did not disclose the extent of the tumor prior to the surgery, nor the limits of the excision afterward. The Committee noted that the surgeon was no longer licensed with the College. It was determined that the surgeon be subject to a **Censure** for the care provided to this patient and that this information be forwarded to his current jurisdiction.

ANNUAL BILLING

By now, all physicians should have received invoices relating to their dues for 2010. Physicians are reminded that any payment for such must be received in the College office by **January 1st, 2010**, in order to avoid suspension of licence. This also applies to renewal of licences for professional corporations.

Members should note that this bulletin has been forwarded to the mailing address currently on file. This is the address which will be published in the *Medical Directory*. Members should advise the College immediately of any changes.

Happy Holidays 