

July 1996

This Bulletin is forwarded to every medical practitioner in the province. Decisions of the College on matters of standards, amendments to Regulations, By-Laws, 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 June 7, 1996, Council considered the following matters:

COMPLAINTS COMMITTEE:

There was a complaint regarding self-prescribing by a physician. An extensive series of prescriptions had been written by a physician for himself, as well as for certain family members. In response the physician stated that most of the medication was recommended by other physicians or was for relatively minor matters. He agreed to discontinue the practice. As a consequence, the Committee recommended that no further action be taken. Physicians are reminded that the Code of Ethics states that "an ethical physician will limit self-treatment or treatment of family members to minor or emergency services only". Furthermore, College regulations preclude physicians prescribing "any drug legally classified as a control substance or recognized as an addictive or dangerous drug to a family member or to himself or herself".

There was a complaint regarding the care provided by an emergency physician to a child who had suffered an animal bite. It was alleged that the physician had not clearly documented the cause of the injury, nor adequately advised regarding treatment by a consultant. In reviewing the matter, the Committee could find no fault with the care provided.

There was a complaint from a patient regarding a refusal to refill a prescription. In reviewing the matter, the Committee noted that the request occurred after hours, the patient was not a patient of the physician, nor was he attending his regular pharmacy. It was felt that the physician had acted appropriately under the circumstances.

There was a complaint from a family member of a terminally ill patient that a physician had made inappropriate comments to the family members during the patient's last few days. In reviewing the matter, the Committee noted that the physician was not familiar with the patient, was dealing with many members of a very large family, and had apologized for any inappropriate comments which may have been made. As a consequence, the Committee determined that no further action was necessary.

There was a complaint from a patient regarding the care provided by an emergency physician and a psychiatrist which resulted in an involuntary admission. The patient complained that the physicians had inappropriately relied on information provided by family members. In reviewing the matter, it was clear that the family members had provided information strongly suggestive that it was in the patient's best interest to be admitted. It was also noted that when the admission became voluntary, the patient had raised no objections to the procedure. As a consequence, no fault could be found with the care provided.

There was a complaint regarding a breach of confidentiality by a physician. The patient was an employee of a group home for disabled adults. During the course of the treatment of the employee, the physician became aware of certain facts which suggested some risk to the residents of the home. As a consequence, he advised the patient that he felt obligated to make the supervisor of the home aware of these facts. Prior to doing so, the patient revealed the circumstances to the employer himself and was subsequently dismissed. He further alleged that the

physician was willing to provide additional clinical information. In reviewing the matter, the Committee noted that, in fact, the only information directly provided was that which the patient had already made his employers aware of. Nevertheless, breeches of confidentiality create extreme ethical difficulties for physicians. This is particularly the case where there are risks to other parties.

In this case, given all the circumstances, the Committee felt that the physician had acted appropriately. The best physicians can do under the circumstances is to seek such counsel as may be available and minimize the extent of any disclosure.

The Committee also reviewed the conduct of two physicians in a well-publicized case concerning a teacher who, it was alleged, may have had improper relationships with his students. There was concern that at least one of the physicians had failed to properly advise authorities regarding the risks to other students. In reviewing the matter extensively, the Committee concluded that it could find no fault with the conduct of physicians in this case. It was clear that all relevant individuals were well aware of the situation. As a consequence, the physician, at the time, could have relied on this knowledge to be reassured that no further reporting was necessary. The issue of physicians' obligations in this area is being revisited on several fronts. The best physicians can do is make themselves mindful of their legal, and ethical, obligations.

The other aspects of the complaint concerned the information provided by the physicians to the employer. Again, no fault was found with the care provided. Nevertheless, it is felt that certain aspects of the matter could be instructional to other physicians. For example, when a physician provides any information to an employer, such as a request for a work absence, or a confirmation that an employee is ready to return to work, the context of the information should be clearly established. Thus, if the physician is relying exclusively on information provided by the patient, this should be clear. If other information is available, but the physician is not directly providing this, this should also be made clear. To give an example, perhaps the physician is asked to provide documentation that the patient is ready to return to work. This could mean that the patient is completely recovered from some acute disease, it could mean that the patient with a chronic problem is sufficiently well to resume their duties, or it could mean that another party has asserted that the individual could return to work. Whatever the context, the physician should make the facts as clear as possible. Furthermore, as disputes may arise in the future, physicians should make an effort to keep a copy of any such documentation provided on a patient's behalf. While in the majority of cases, there will be no further scrutiny of the matter, one cannot guarantee this.

FITNESS TO PRACTISE COMMITTEE:

The Fitness to Practise Committee reviewed a complaint referred from the Complaints Committee. It concerned the conduct of an Emergency Room physician in proceeding with a pelvic examination on an unaccompanied 15 year old patient. In response, the physician stated that the patient made no objection to the examination and a nurse was not readily available. The Fitness to Practise Committee met with all parties and came to the conclusion that the physician had not acted wisely under the circumstances. While there clearly are circumstances where examinations can proceed absent an attendant, the fact that complaints arise should make physicians quite cautious to proceed this way. The College has published guidelines on this matter in 1994 which advised that physicians should not proceed with such examinations unless an attendant is available, if not present.

FROM THE ARCHIVES :

25 years ago

At its meeting in June 1971, Council considered the eligibility of New Brunswick physicians to sit Quebec examinations, decided that there should be only limited distribution of Medical Council By-Laws, decided to rent space next to the Medical Society office in Saint John, and discussed the question of limited licensure for physicians in under-serviced areas.

50 years ago

At its meeting in April 1946, Council discussed the need for the use of Latin on prescriptions, whether it should adopt the same crest as the Medical Society, and the difficulties in prosecuting an unlicensed practitioner.

75 years ago

At its meeting in July 1921, Council appointed a physician to assist French-speaking candidates at the Council's licensing exam, discussed prosecution of several physicians who refused to pay the annual fee of \$2.00, and agreed to publish, in the Annual Announcement, the licensing regulations as well as copies of examination questions.

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