

October 1998

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 September 11th, 1998, Council considered the following matters:

COMPLAINTS:

There was a complaint that a physician was performing eye examinations without the proper training. On review, there were some questions regarding the quality of the assessment. After further discussion, the physician agreed to withdraw the service and Council determined to develop a policy in this regard.

A patient, who was mentally and physically disabled, also suffered from diabetes. The patient resided in a personal care home and was taken by the staff there to the hospital, suffering from hypoglycemia. After the patient was treated, instructions were given regarding monitoring and further medication. Nevertheless, the patient was found in a coma the next morning and subsequently died. A relative of the deceased complained that the physician had improperly discharged the patient. On reviewing the matter, the Committee felt that the home at which the patient resided appeared to have adequate facilities

and staff to deal with the situation. Furthermore, the precise cause of death remained unknown.

A patient presented to the Emergency Department with abdominal pain. From the outset, the physician noted guarding and rebound tenderness. The patient made several requests for referral and transfer, but the physician advised that further investigations were necessary. The patient deteriorated over the course of several hours. Another request for a transfer was made, but this was not accomplished for several more hours. The patient subsequently was transferred and found to have developed diverticulitis and peritonitis. In reviewing such a matter, the Committee is reluctant to be definitive regarding the care provided. Nevertheless, based on the documentation of the physician's initial examination, and further documentation by the nurses, there remained a real concern that this patient's deteriorating clinical

condition was not recognized. Nevertheless, absent clear evidence regarding this, the Committee felt that no further action was necessary.

Shortly after becoming pregnant, a patient was advised that a pap test done a year earlier had been abnormal. This created a great deal of stress. The physician acknowledged that the result had not been properly retrieved, and advises that a system had been put in place in his office to prevent recurrence. The Committee noted that such situations are more likely to occur when the patient is seen by another physician, such as a Locum, or a resident in training. In those circumstances, physicians need to be extra careful regarding tracking results. The Committee felt that appropriate measures had been taken in this circumstance. Therefore, no further action was necessary.

An elderly patient died suddenly. At autopsy, he was found to have fairly significant heart disease. The family reviewed his past records and alleged that his heart problem had not been appropriately managed. On detailed review of the medical facts, the Committee concluded that, given the prevailing recommendations during the time in question, the patient had been appropriately managed. No fault was found with the care provided.

A patient with a significant chronic problem attended her family physician to request a referral. Such was arranged, but the next day, the patient became severely ill, requiring a lengthy hospitalization. She alleged that the physician had not appropriately assessed her at the visit. In response, the physician stated that the patient had only presented to request a referral, had denied any new symptoms, and was not requesting any particular treatment. On reviewing the matter, the Committee noted that the physician's records supported the reason for the patient's visit. Nevertheless, given the circumstances, some minimal examination may have been appropriate for no other reason than to defend against the allegations of inadequate care.

A patient had been seeing her family physician for several years with complaints of fatigue. A series of investigations and referrals had been undertaken, but no precise diagnosis was reached. Subsequently, it was discovered that the patient had Hepatitis C. She alleged that the response of the physician to the clinical presentation was inadequate. She further alleged that the physician had failed to perform appropriate tests, as recommended by a consultant. In response, the physician felt that the appropriate investigations were done based on the clinical situation. In response to the specific allegation, she felt the letter from the consultant had implied that he had arranged the liver function studies. On reviewing the

matter, the Committee felt that, overall, the physician had responded appropriately to the patient's symptoms of persistent fatigue. The only answer the Committee had was the confusion regarding the responsibility for ordering the tests recommended by the consultant. While it is not certain, if the appropriate tests had been done at that point, the diagnosis may not have been as delayed. Regardless of who actually orders the test, it would appear that both the family physician and the consultant share some responsibility for ensuring that the appropriate investigations have been done.

A patient had moved into the community and, after some difficulty, was given an appointment with a family physician for herself and her children. On presenting to the office, the physician immediately advised them that he was not taking on any new patients. The complainant felt that the appointment should not have been made if such was the case. The physician responded that he was occasionally seeing patients who did not have a family physician in order to provide needed service. The Committee felt that there seemed to be a problem with communication here. The patient would make the logical assumption that if appointments were made for her family, without any other proviso, that the physician was going to be available to them. If the physician, on the other hand, was only seeing patients for specific purposes, without any commitment to continue to see them, his staff should have made a greater effort to make this clear.

There was a complaint that a physician had failed to respond, in a timely fashion, to an earlier complaint. The matter was referred to the Review Committee.

Allegations of sexual impropriety against two physicians were referred to a Board of Inquiry.

DR. JOSEPH ARDITTI

This physician was the subject of six complaints.

One complainant alleged that she had developed a sexual relationship with him during the course of his treatment of her, and subsequently. As a result, she had a child. She further alleges she was required to promise not to file any formal complaint, as a condition for financial support.

A second complainant alleged that she had had sexual intercourse with this physician on two occasions.

There was a complaint from an individual, then a student nurse, that this physician had inappropriately made sexual advances toward her.

There were complaints from other patients who alleged that during the course of their treatment, they were touched in an inappropriate manner.

An agreement was reached between the College and Dr. Arditti as follows:

1. Without admitting the specifics of any charge, Dr. Arditti acknowledged that professional misconduct had occurred.
2. Dr. Arditti's license to practise would be suspended for a period of one year.
3. Dr. Arditti would agree to relinquish his license permanently and to not seek licensure again in New Brunswick, nor in any other jurisdiction.

LIPOSUCTION

Although the matter has not yet arisen in New Brunswick, concerns have been expressed in many other parts of the country that cosmetic liposuction was being performed by inadequately trained physicians, often resulting in significantly adverse effects. In order to prevent similar recurrences here, Council has endorsed the position of the Canadian Association of Plastic Surgeons that liposuction should not be performed without appropriate training in plastic surgery.

EYE EXAMINATIONS

The Council of the College has determined that in order for individuals to provide eye examinations on patients, it will be necessary for them to have at least six months of appropriate training. This approach mirrors policies developed in other provinces.

COMMITTEE NOMINATIONS

Council endorsed the following appointments to standing committees of the College.

Executive Committee:

President:

Dr. Pamela Walsh, Riverview

Past President:

Dr. Bill Martin, Miramichi

Vice-President:

Dr. Beatriz Sainz, Oromocto

Public Member:

Mr. Eugene LeBlanc, Dalhousie

Member at large:

Dr. Christine Davies, Saint John

Complaints Committee

Dr. Christine Davies, Saint John - Chair

Dr. Leonard Higgins, Saint John

Dr. Douglas Keeling, Saint John

Dr. David Symington, Sussex

Ms Suzanne Toole, Saint John

Ms Judy Glennie, Saint John

Mr. Gordon Foster, Hampton

Dr. Perry Spencer, St. Stephen (alternate)

Review Committee

Dr. Beatriz Sainz, Oromocto - Chair

Dr. Christopher O'Brien, Saint John

Dr. Odette Albert, Moncton

Dr. Patrick Sullivan, Sussex

Ms Janet McIntosh, Moncton

Dr. Peter Lightfoot, Moncton (alternate)

Dr. Marven Palmer, Fredericton (alternate)

METHADONE

As physicians may know, specific permission is required from Health and Welfare Canada to obtain the legal right to prescribe methadone. In larger centres, such treatment for narcotic dependency is usually provided at large clinics which deal with many patients. Such projects are unlikely to be developed here. There are only a small number of physicians in New Brunswick who have the right to prescribe Methadone and they are usually only treating one or two patients for such. Nevertheless, difficulties have arisen when patients from other provinces have travelled to New Brunswick, sometimes without very much notice. Various quick arrangements are necessary in order for them to continue to receive appropriate treatment. If physicians do wish to be available to provide short term treatment in those special circumstances, they should contact the College office for further information.

TERMINATION OF CARE

Council has requested a response from members on a problem which is creating increasing difficulty. Physicians have the right to ask patients to leave their practice. Unfortunately, in many circumstances, these patients will then have little opportunity to find another physician, despite continuing medical needs. In some provinces, physicians are required to discuss directly with the patient in advance of terminating care. If termination is necessary, then the patient is to be appropriately advised in writing, with reasons. Furthermore, the question of how long continuing care is necessary may be dictated by the difficulty the patient will have in finding another physician.

Council would appreciate any comments from physicians on this matter, including examples of the kind of situations which have, or could, present some difficulty.

ANNUAL DUES

The annual dues for the College have been again reduced for 1999. For physicians who pay by direct deposit, the annual fee will be \$490. For those who pay by cheque, it will be \$510.

Notices regarding these charges will be mailed in November. Physicians who do not intend to renew their license, or otherwise anticipate a change in status, should contact the College office.

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