



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 25 November 2011, Council considered the following matters.

### COMPLAINTS

A *Counsel* is advice as to how to improve the physician's conduct or practice.

A *Caution* is intended to express the dissatisfaction of the Committee and to forewarn the physician that if the conduct recurs, more serious disciplinary action may be considered.

A *Censure* is the expression of strong disapproval or harsh criticism.

A patient died suddenly the day after an endoscopy procedure. There was no evidence that the procedure was performed improperly and the cause of death was unexpected. The Committee was, however, concerned regarding the arrangements the physician had made for coverage of the patient when he was unavailable. The Committee felt it appropriate to *Counsel* the physician to communicate relevant information to any colleague who may be asked to assess the patient

A family complained regarding the care provided to an elderly patient in a nursing home. It was alleged the physician failed to properly treat the patient and failed to properly record findings in the chart. On reviewing the matter, the Committee noted the patient was admitted with an unusual form of dementia. The review of the records showed the patient received the appropriate care. The physician was actively involved with the patient's care although, as he acknowledged, he should have provided better information in the chart and he should have communicated

more directly with the patient's family.

A patient died suddenly at home following abdominal surgery. It was alleged that the care provided was deficient. The surgeon asserted that all proper care was taken during the procedure and that the patient's clinical course was unusual. The Committee could find no fault with the care provided. There was no evidence that the patient was discharged too early. There was no information available regarding the patient's course after discharge. The patient seemed to have an unusually rapid development of a complication, which was a known risk with this procedure.

A patient was booked for hip replacement due to significant osteoarthritis. While waiting for the procedure she began having more difficulties with pain. There was no history of trauma. It was later alleged that this pain had come on quite suddenly although there was some dispute around this point. Her medications were adjusted several times in emergency and by her own physician. It was eventually determined that she suffered a hip fracture and septic

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arthritis. It was alleged that the diagnosis was improperly delayed. On reviewing the matter, the Committee could not determine the exact sequence of events. The clinical records did not suggest a particular point where a fracture might have occurred nor was there any evidence of a significant infection until the diagnosis was finally made. The Committee did feel that the three physicians involved could have made greater care to document an appropriate examination of the patient and issued a *Counsel* in that regard.

A patient suffered continuing pain after a work injury. Previous interventions had been unsuccessful and she was required to see another consultant to pursue a different approach. When the physician began to deal with a number of more personal issues, which the patient felt were irrelevant, the patient became upset and felt that the physician was both insensitive and failed to



address her principal concerns. In response, the physician asserted that his approach required a complete assessment of the patient regarding a number of factors. In reviewing the matter, the Committee could find no fault with the approach taken. The Committee wondered whether the physician could have anticipated the patient's reaction and possibly approached matters somewhat differently.

A patient began seeing a new physician and required a refill of some prescriptions. However, the pharmacist noted that one medication was ordered in error. The physician agreed but made the same mistake on a subsequent visit. The physician acknowledged that she had transcribed the drug name improperly and had failed to make the correction after the first error. She was *Counselled* regarding the importance of accuracy in these matters and the significant risks that a patient could suffer through such an error.

A patient attended an emergency room suffering from a headache. His blood pressure was found to be somewhat elevated. A family member inquired regarding the possible significance of the this to which, it was alleged, the physician responded harshly that he did not care. In his response, the physician stated that he intended to advise the patient that he did not believe that blood pressure was a factor in his headaches. He felt that the issue would be best sorted out by the family physician. The physician further acknowledged that the remarks were misinterpreted and apologized for that. The Committee accepted this response but felt a warning, in the form of a *Caution*, was appropriate regarding the importance of clear communication.

### **MORAL FACTORS AND MEDICAL CARE**

Some years ago Council approved a "commentary" on the obligations physicians may have when requested to provide a service to which they have a specific moral objection. Noting that the issue arises infrequently, Council nevertheless feels that physicians should receive clear advice regarding what they are, or not, expected to do in these circumstances. To that end, Council wished to circulate the following guideline, based on one from the College of Physicians and Surgeons of Alberta, for comment by members.

- (1) A physician must communicate clearly and promptly about any treatments or procedures the physician chooses not to provide because of his or her moral or religious beliefs.**
- (2) A physician must not withhold information about the existence of a procedure or treatment because providing that procedure or giving advice about it conflicts with their moral or religious beliefs.**
- (3) A physician must not promote their own moral or religious beliefs when interacting with patients.**
- (4) When moral or religious beliefs prevent a physician from providing or offering access to information about a legally available medical or surgical treatment or service, that physician must ensure that the patient who seeks such advice or medical care is offered timely access to another physician or resource that will provide accurate information about all available medical options.**

### **ELECTRONIC PRESCRIBING**

Some physicians have begun using various methods of electronically facilitated prescribing to communicate prescriptions to pharmacies. Currently, the technology employed does not constitute true "e-prescribing"—it simply populates the prescription with the physicians' choices and transmits it to the pharmacies' fax machines. Physicians are reminded that, like all prescriptions, such prescriptions must be individually signed, whether electronically or otherwise. For this reason, pharmacists may still contact physicians to require verification of a signature or other aspects of the prescription. Physicians are expected to be available and co-operate fully with this process. Physicians should also note that this initiative remains a work in process. The New Brunswick Pharmaceutical Society is developing regulations and guidelines for pharmacists to further expedite and enhance the value of electronic prescribing for all concerned.

#### **CONFIDENTIALITY AND RISK OF HARM**

A draft guideline on this subject was previously circulated to members. This will confirm that Council has now adopted this guideline (with minor clarifications). It is available on the College website, or from the College office.

#### **ANNUAL DUES**

By now all members should have received notice of annual dues for 2012. This also applies to Professional Corporations. If such has not been received, the College office should be contacted without delay. Delay in payment could result in suspension of the members license, or the license of the Professional Corporation.