



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 11 June 2010, Council considered the following matters.

COMPLAINTS

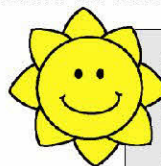
There were two separate complaints dealing with complications from procedures. In one case, in dealing with a problem following surgery, the patient had been assessed by a number of individuals, including the surgeon, all of whom did not detect a developing complication. The Committee felt the physician had been appropriately responsive to the patient, noting that symptoms had not yet progressed sufficiently for a timely diagnosis to be made. In a separate matter, a patient developed a complication from an injection. Repeated attempts to make an appointment with the physician were denied. The patient subsequently sought care elsewhere. The Committee notes that, in the case of any procedure, there is a presumption that it is the physician who performed the procedure who will be available to deal with any complications. This should apply in most circumstances. However, if alternate arrangements are necessary, the patient should be appropriately instructed.

A patient complained that a cosmetic procedure had failed to produce satisfactory results. In reviewing the matter, the Committee could not find any evidence that the procedure was performed improperly, nor conclusive evidence that the results were unsatisfactory. In any case, the Committee notes that any expected results cannot be completely guaranteed. With appropriate informed consent, patients are considered to accept the risk that results may not meet their expectations.

There was a complaint regarding a physician's response to several chest x-rays that suggested the possibility of a lung mass. Further studies were recommended, some of which were done. However, a specific recommendation for a CT scan was not followed. A subsequent chest x-ray had an ambiguous report. While the physician may have been reassured by this, the fact of the inconsistency should have raised some questions in the physician's mind which warranted further investigation

or, at the least, a discussion with the radiologist.

A patient complained regarding a pelvic examination performed by a female physician. The patient and physician were not previously known to each other. The patient had advised the staff that she had some anxiety over the procedure. Signage in the office did advise that an attendant was available, but none was offered.



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