COLLEGE OF PHYSICIANS AND SURGEONS OF NEW BRUNSWICK
COLLÈGE DES MÉDECINS ET CHIRURGIENS DU NOUVEAU-BRUNSWICK

Bulletin November 2016

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 will be aware of these matters.

Council Update

At its meetings on September 30 and 25 November, 2016, 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.

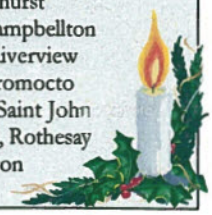
In two separate complaints, patients alleged inadequate follow-up by their surgeons. In the first case, the patient did not feel that she had achieved a satisfactory result. The Committee agreed with the surgeon that all treatment appeared to be appropriate but a point was reached where no further surgical options were possible. In the second unrelated case, the patient developed a significant complication. This was not recognized for a period of time and the surgeon acknowledged that closer follow-up of the patient post-operatively might have avoided a delay in of her treatment, although the long term result would not have changed.

There was a complaint of inadequate follow-up by a surgeon following a minor procedure. The surgeon no longer maintained an office and the patient alleged difficulties in having a potential complication assessed. The Committee noted that, while the surgeon was somewhat accessible, the patient, nevertheless, went through several other physicians in order to eventually have an appropriate intervention. The Committee felt it necessary to ***Counsel*** the surgeon that clear follow-up instructions should be provided to patients following any procedure.

There was a complaint regarding privacy issues surrounding the examination of a twelve-year-old female patient. The parent had asserted that the approach was stressful for the child. The physician acknowledged that resources, such as gowns, and draping, were not available in the clinic where the child was seen. He further acknowledges that he had not approached the patient the way he might have approached an older female patient. He asserted he intended to modify his practice accordingly.

A family alleged that a physician had inappropriately prescribed narcotics on an ongoing basis to a patient. The physician acknowledged that he had taken over the patient who was already on a significant amount of narcotics. He found it frustrating to control the situation and, after further discussion, agreed to relinquish his right to prescribe stronger narcotics as a way to avoid further difficulties.

A patient asserts that her initial diagnosis of diabetes was improperly managed. The physician had made a number of conclusions and treatment decisions which were not supported by prevailing practice. Issues were corrected by the diabetic clinic, but the physician was ***Cautioned*** to acquaint himself with more acceptable standards for the diagnosis and treatment of the condition.



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A patient injured her eye and was seen in the Emergency Department. She alleged that the examination was cursory and the follow-up advice was inadequate. In response, the physician asserted that she provided appropriate investigation despite being significantly distracted by an odor from the patient's spouse. In reviewing the matter, the Committee concluded that the physician's approach did not meet acceptable standards for the diagnosis and treatment of a potentially significant condition with ongoing risks. The Committee felt that a ***Caution*** was appropriate under the circumstances.

A patient saw a new physician and alleged that the assessment was minimal and the physician constantly distracted by his electronic record system. In response, the physician acknowledged that he did focus considerably on the patient's past history. The Committee noted that distraction by the computer screen is a common complaint regarding electronic records. The allegation appears to be even more frequent than in the case of paper records. Physicians are encouraged to be cognizant of this and take measures to avoid such an impression on the patient. This could include previewing lengthy records in advance, as well as focusing more clearly on the patient at the onset of the visit.

A patient was admitted to a community hospital with vomiting and abdominal pain. The physician diagnosed a bowel obstruction and began treating the patient with laxatives. The patient was eventually transferred to a surgeon who treated the patient for a ruptured appendix. The Committee felt that the management by the first physician was inappropriate and, consequently, warranted a ***Caution***.

In three unrelated cases, patients complained they were improperly discharged from their physicians' practices. In all three, it was clear there was a deteriorating relationship between the physician and the patient. In two cases, the issue was related to a frustrating clinical problem. In the other case, the focus was on a disability claim being pursued by the patient. Physicians should be extremely cautious about attempting to terminate a patient. Unless a physician can arrange for alternative care, it is expected that the College guideline would be followed. Patients can only be discharged if there is a specific behavior at issue and if they have been given appropriate warning. In other words, the decision should never be impulsive or in the heat of the moment, as it appears to often be the case.

Prescribing Opioids

In anticipation of the development of the Prescription Monitoring Program, Council has adopted guidelines originally from the Center for Disease Control and Prevention of the United States. The original guidelines have been extensively edited to create a more practical document. Nevertheless, the what remains is still of some complexity. A preliminary copy is enclosed for interest. A version in the other official language is available on the College website.

This is very much a work in progress. The purpose of providing this information now is to allow physicians to anticipate the kind of issues which may be identified through the monitoring programs and in which they may have to consider some modifications of their practice. At this point, there is no intention to obligate physicians to immediately change their approach. It is understood that these are significant changes which must evolve over a period of time.

In addition, the recommendations point to alternatives to opioid treatment for which many physicians find access frustrating. These include ancillary services like psychology or physiotherapy, as well as non-opioid drugs through public and private prescription plans. It is hoped a formal guideline will help influence decision markers on these points.

Annual Renewals

By now, all physicians should have received their combined invoice for their annual fees and those of their Professional Corporation, where applicable. Physicians should contact the College immediately if such has not been received. Members who have changed their contact information, their banking information, or do not wish to renew their licences, should contact the College office by email or fax.