



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.

Officers and Councillors 1998-1999

President - Dr. Pamela Walsh, Riverview  
V.-P. - Dr. Beatriz Sainz, Oromocto

Registrar - Dr. Ed Schollenberg

Dr. Bill Martin, Miramichi  
Dr. Ludger Blier, Edmundston  
Dr. Christine Davies, Saint John  
Dr. Marc Panneton, Campbellton  
Dr. Marc Bourcier, Moncton  
Dr. Gordon Mockler, Westfield  
Dr. Zeljko Bolesnikov, Fredericton

Dr. Nataraj Chettiar, Beresford  
Dr. Rudolph Stoczek, Hartland  
Dr. Douglas Brien, Saint John  
Mr. Eugene LeBlanc, Dalhousie  
Mr. Fernand Rioux, Caraquet  
Dr. Claudia Whalen (PhD), Fredericton  
Ms Janet McIntosh, Moncton

**At its meeting on 17 September 1999, Council considered the following matters:**

**COMPLAINTS**

A patient requested that a physician complete a form in order for her to obtain a disability benefit. The patient complained that the physician had improperly concluded that she was not disabled. The Committee initially was unsure as to the degree of assessment the physician had performed, but on reviewing the matter, determined that the patient had, in fact, not presented with any complaint whatsoever, but simply sought to have the form completed in her favor. The Committee could find no fault with the care provided.

There was a complaint that a physician had improperly sought to establish a practice outside the scope of his employment, to which his license was restricted. The physician did not have the required approval of his employer to undertake such

activity. The Committee felt the physician had exceeded the limits of his license, but as he was no longer licensed with the College, determined to take no further action.

A patient complained that she had improperly been prescribed excessive quantities of addictive substances by a physician, and that further, the physician's records on the matter were inadequate. In response, the physician had stated that the situation had deteriorated slowly over some time. It was only when the situation became worse that the depth of difficulty was realized. It was also noted that the patient had frequently not followed recommendations on treatment and, often, initiated changes in treatment on her own. In reviewing the matter, the Committee notes that the ultimate responsibility rests with the patient for the difficulties she

found herself in. Nevertheless, some responsibility, as the prescriber of medication, must rest with the physician. The Committee appreciates that these problems can take time to develop. Nevertheless, the physician should make some effort to monitor the situation as best as possible. For example, a report on medications dispensed is often available from local pharmacies which may assist a physician in reviewing the prescribing history.

A patient was given a preoperative medication as a result of a "standing order" prior to a procedure. The patient's underlying medical condition would normally preclude that particular medication. While no harm was suffered, this did create some anxiety on the part of family members. The Committee noted that the preoperative assessment of the patient may not have been as complete as it must have been in terms of disclosing

underlying medical conditions. As a consequence, the administering of a particular medication, as a result of a standing order, could create some risks. The Committee felt that a more complete assessment, by some means, of the patient would have avoided this. The Committee also felt that, when these particular difficulties came to light, it was the responsibility of the physician ordering the medication to deal with the patient's family directly.

There was a complaint regarding the care provided to an elderly patient by a family physician. There were allegations that the patient's physician had failed to appropriately investigate the matter and had refused to make a house call. In response, the physician stated that the patient was seen only a few times with the situation in question. Some of the difficulties which arose were handled in the Emergency Department without the physician being advised. On reviewing the matter, the Committee noted that the care provided was appropriate. It was noted that the complaint arose from a family member who lived in another province. This type of complaint is relatively common under these circumstances. There may be little that can be done to avoid this except, possibly, some attempt at communication with distant family members if the patient is unable to do so.

There was a complaint that a physician had inappropriately discharged a patient from his practice. The physician responded that the patient had created a considerable amount of

difficulty in the office, insisting on appointments which are unavailable, and creating a problem for the staff. In reviewing the matter, the Committee noted that physicians have the right to ask patients to leave their practice, regardless of the reasons. Advice on this has been previously presented. While not the case here, under these circumstances the physician should avoid acting precipitously, especially when the patient may have considerable difficulty obtaining alternate care.

#### **REVIEW COMMITTEE**

The Review Committee ordered two physicians to submit to psychiatric assessments.

The Council appointed a Board of Inquiry to deal with a complaint of professional misconduct.

#### **MEDICAL ACT AND REGULATIONS**

As most members are aware, the complete version of the *Medical Act* and Regulations are available on the College's website. A bound copy of such is also now available from the College office for members who wish such.

#### **GUIDELINES**

As a result of amendments to the *CMA Code of Ethics* and the *Medical Act* in the last several years, it has been necessary to revise Guidelines previously published by the College on Patient Privacy, Sexuality in the Physician/Patient Relationship, and Reporting of Misconduct.

Copies of these Guidelines are enclosed with this mailing.

#### **ANNUAL DUES**

Notices regarding annual dues will be forwarded to members in mid-November. Members who have not received such a notice by the end of November should contact the College office.

Council has determined there will be no change in the annual dues for the year 2000. The fee for physician who pay by direct deposit will be \$490. The fee for physicians who pay by cheque will be \$510. The deadline for receipt of such is January 4<sup>th</sup>, 2000.

#### **FROM THE ARCHIVES**

##### **75 years ago**

In 1924, Council determined to continue provincial exams, despite pressure to make the exams of the Medical Council of Canada the only portal to practise in New Brunswick and decided to offer a French interpreter for physicians taking the provincial exam.

##### **50 years ago**

In 1949, Council determined to resist pressure to license "displaced" physicians from Europe, increased the annual license fee to \$5, and instructed the Registrar to purchase a briefcase to hold Council papers.

##### **25 years ago**

In 1974, Council determined it did not have the ability to license nurse practitioners and complained that Dalhousie University was failing to send enough interns to New Brunswick..