



College Newsletter

A publication of the College of Physicians and Surgeons of Saskatchewan

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Message from the President

The events of today will eventually be recorded as history. To date, 2004 has been somewhat of a historic year at both the College of Physicians and Surgeons and in my own life. Both Dr. Kendel and I arrived in the hospital on the same day in January and subsequently underwent cardiac surgery. I am happy to report that history can be recorded as both of us making excellent recoveries. I wish to continue in a historical vein by introducing myself to you.

I was born and raised in Winnipeg. I graduated from the University of Manitoba and spent some time in rural general practice and

then 25 years as a general surgeon, the last 10 years in Saskatoon. My wife, Judy, and I have four children, all graduates of the University of Saskatchewan. I have had a long and continuing interest in medical governance, being a councillor on the College of Physicians and Surgeons of Manitoba from 1980-1992 and president of the Council in 1987. After being elected to Council representing Saskatoon District three years ago, I am deeply honoured to serve as president of the Council this year.

The College of Physicians and Surgeons is both a good and bad news story. The good news is that it represents, idealistically at least, the best of professionalism, i.e. self-governance. That is, a desire and obligation to ensure the highest possible ethical and moral standards, as well as clinical standards of care for the public. The bad news is that many physicians and much of the public only become aware of, or are concerned with the College, when these standards are not achieved.



Dr. Garry Hansen, MD

The College always wears two hats simultaneously. No wonder its image sometimes suffers! It represents the practicing physicians in their desire and quest to provide safe and ethical care, and the public who by the very nature of self-governance can expect and demand to receive such care. Both constituents often confuse these roles. Only dialogue will prevent such confusion. It requires a continuing commitment by the College to fully disclose its policies be they old or new and to engage the profession and the public in frank discussions regarding these policies. It also requires the public and the profession to

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make themselves aware of the College and its policies and to communicate with the College about these policies.

Over the coming year I, and the College staff will attempt to continue to fulfill

our part of these goals and we look forward to receiving your comments, suggestions and critiques.

There are many new proposals and “new ways of doing things” on the near

horizon and hopefully, history will record a successful year of achievement.

Stay tuned!



The Registrar Has a Heart

Dennis Kendel MD, Registrar

It is not usual to use the College Newsletter as a vehicle for personal messages from the Registrar. However, in this instance I wish to do so.

On February 4, 2004 I underwent coronary artery bypass surgery at Royal University Hospital. The surgery went well and my recovery has been remarkably uneventful. I was able to return to half-time work at four weeks post-op and full days one week later.

I was very touched by the many positive messages I received from colleagues around the province when they learned of my “heart event”. I want to extend to all of you my sincere thanks for your thoughtfulness and support.

During the days and weeks following my surgery I had a good deal of time to reflect on my experience. I’d like to share some of those thoughts with you. Until January of this year I had enjoyed extremely good health. Apart from a few respiratory tract infections

my only previous encounters with the health care system were periodic checkups with my family doctor and insurance medicals. I never smoked. I thought I ate responsibly and was reasonably physically active. My lipids were borderline high but not high enough to prompt my physician to prescribe lipid lowering agents. My father died prematurely of a presumed but unproven heart attack. All in all, I regarded myself as very healthy and not at particularly high risk of cardiovascular disease.

In late January my wife and I were enjoying a much-awaited two-week vacation in Hawaii. Our holiday routine included a fairly brisk five-mile walk before breakfast each morning. On the seventh day of our vacation, one mile into our walk, I developed shortness of breath and mild chest discomfort. As soon as I stopped the discomfort abated. We decided to abandon the walk and have an earlier breakfast.

All of us have tremendous capacity to block out and deny potentially unpleasant messages about our health. Doctors are among the best at doing so.

Over the next few days the pattern of chest pain with exertion and relief with rest kept recurring and it was impossible to avoid a conclusion that I had unstable angina.

Not keen to forfeit any of our hard earned vacation, my wife and I agreed it would be reasonable to simply avoid any exertion that might trigger chest pain, finish out our holiday, and have this “checked out” on return to Saskatoon.

On arrival in Saskatoon, I presented myself to the Emergency Department at RUH, was assessed, admitted, and had an angiogram the next morning. To my surprise, the angiogram disclosed fairly advanced coronary artery disease, which was not amenable to treatment by angioplasty or stenting.

In retrospect, recognizing the severity of my disease, I realized that I probably took inappropriate risk by striving to “come home” rather than seeking medical care in Hawaii. I had excellent travel insurance that would have covered all the cost of medical care outside Canada.

There is a natural inclination to want to “come home” when our health is in jeopardy. Being close to family and friends is important when we face any crisis in life. However I think there were other factors that encouraged me to seek care “at home” if possible.

In spite of all the ruminations in the public media about our health care system being in crisis, I continue to have a high level of confidence in the capacity of the Canadian health care system to meet our needs, particularly when those needs are urgent or emergent. And, even though I’m in a position to be well informed about some of the vulnerabilities of the system in Saskatchewan, my overall confidence in the health system in this province is high.

If anything, my experience as a patient of the Saskatchewan health care system affirmed that my confidence in the system was not misplaced.

I was impressed with the cardiac fellow who first assessed me in the Emergency Department at

RUH, logically explained where I fell in the risk spectrum of patients with unstable angina, and carefully explained what the most appropriate plan of action would be in my situation.

I was impressed to learn that the Saskatoon Health Region is one of few in Canada that maintains twenty-four hour access to cardiac catheterization services so that patients with acute or impending cardiac damage can be expeditiously assessed and treated.

As I made my journey through the Emergency Department, the Coronary Care Unit, the ICU, the Step-Down Unit, and a regular ward at RUH, I did get a sense of the tremendous pressure on the inpatient beds in that facility. No bed was ever empty very long. I listened to physicians and nurses speaking about how they could best utilize the limited number of beds to meet the needs of patients coming through the Emergency Department.

I certainly got a sense of the heavy workloads carried by most physicians, nurses, and other health care professionals in the hospital. However, I was extremely impressed with the fact that these busy professionals seemed to find adequate time to fully discuss issues with their patients and to listen to them.

As a patient in a hospital,

you’re not only in a position to assess the quality of care you receive but also have many opportunities to compare this with the experience of other patients around you. It was reassuring to me to see patients being treated very equitably without regard for their age, social status, or community profile.

I am sensitive to the fact that my limited exposure as a patient gave me a window into only one facet of a very massive health care system. But, from that limited exposure I was impressed that:

1. The system had the capacity to meet my acute needs and those of other patients with comparable needs.
2. The system in Saskatchewan is staffed by highly competent and very dedicated health professionals who manage to retain their humanity and compassion in the context of heavy professional workloads.
3. Throughout my experience, I had a sense of people with very diverse skills working together effectively to ensure that I and other patients achieved the best possible health outcomes.

I’ve little doubt that if I had accessed health care in Honolulu, I would have had access to high-end

technologies that are not available in Saskatchewan.

I've little doubt that if I had disembarked during my stop in Vancouver and sought care at one of Vancouver's larger hospitals, I might also have had access to more sophisticated technology and more specialized medical expertise than is available in Saskatoon.

However, the urge to come home was strong. And as I reflect on the quality of care I received in Saskatchewan, I believe it was a match for that which I might have received in much

larger metropolitan centres. And, it felt good to be home.

I've made some important lifestyle changes to mitigate my future risk of adverse heart events. I'm also now a compliant user of some of the medications that research evidence suggests do mitigate risk of adverse cardiac events. I'm very optimistic about my future health. Like most people who have had a brush with the reality of their mortality, I've gained a new appreciation for the gift of life and both the challenges and opportunities that come with each new day.

By a remarkable coincidence Dr. Garry Hansen, the current President of the College Council, was hospitalized at RUH with a heart event on the same day I was. We've formed a strong bond as we've gone lock step through the same interventions and recovery process.

At the College Annual Meeting, Garry made a comment that I consider worth repeating. He said, "It's quite extraordinary the effort that College leaders will expend to prove that we do actually have hearts."



Compassionate Care Benefits

On January 4th, the Government of Canada introduced the new Employment Insurance Compassionate Care Benefit. This benefit will enable eligible family members of patients in acute health crises (at risk of dying in the next 26 weeks) to receive EI benefits while they take leave from work to provide support or care to their loved ones.

Physicians will play a crucial role in this new benefit. In order to qualify, applicants will require the signature of the patient's doctor on the *Medical Certificate for Compassionate Care Benefits*, attesting to the fact

that the patient is at significant risk of death within the time frame specified.

Individuals eligible will be entitled to up to six weeks of benefits that must be used within the 26 week period identified by the physician. Benefits may be claimed by more than one family member, but the total number of weeks paid in any 26 week period cannot exceed six weeks. The 26 week period starts with the earlier of: the week the physician signs the medical certificate; or the week the physician examines the gravely ill family member; or the week the family member became gravely ill,

if the physician can determine that date (e.g. the date of the test results).

Benefits end when: the six weeks benefits have been paid; or the gravely ill family member dies or no longer requires care or support; the 26-week period has expired; or the eligible individual has exhausted his/her maximum EI benefits payable on a claim that combines compassionate care benefits with other types of EI benefits. Unemployed persons on EI are also eligible for compassionate care benefits.

Benefits can be used to care for any of the following

family members: your child or the child of your spouse or common-law partner; your wife/husband or common-law partner; your father/mother; your father's wife/mother's husband; or the common-law partner of your father/mother.

Care or support is defined as: providing psychological or emotional support; arranging for care by a third party; or directly providing or participating in the care.

The Medical Certificate for Compassionate Care

Benefits may be completed by a medical doctor or other medical practitioner authorized to treat the gravely ill family member. Another medical practitioner, such as a Nurse Practitioner, is accepted when: the gravely ill family member is in a geographic location where treatment by a physician is limited or not accessible, and a physician has authorized the other medical practitioner to treat the ill family member.

Physicians should ensure that they are

properly informed before they receive the request. A copy of the link for physician and patient information is available on the College website at www.quadrant.net/cpss.

Copies of medical forms may be downloaded as a pdf file from www100.hrdc.qc.ca/forms/ins5216e.pdf.

To access the toll-free physician's enquiries line, please call 1-866-369-7747. The hours of operation are 8:30 a.m. to 4:30 p.m. EST.



Dealing with Difficult Patients

The College often gets calls regarding how to deal with difficult patients. The patient is often described as having exhibited the following behaviours: using a loud voice, swearing; entering offices uninvited; excessive loitering that is disturbing to staff and other patients, intoxication, making personal comments or prejudiced remarks; making verbal threats or forcefully striking an inanimate object such as a wall, counter or desk; using threatening body language such as raising a clenched fist; throwing items; or damaging property or threatening to do so.

Patients come from different cultures, ethnicity, beliefs, values, educational backgrounds, support

systems and communication styles. Some patients exhibit good coping skills while others do not. The dependency on the health care provider may bring about conflicting feelings of need and resentment because of that dependency. No two individuals are alike, but all strive for and expect to be treated with respect.

Boundaries are a necessity in any relationship, including the professional one. Boundaries can be established in written form, or they can be communicated verbally and by physical actions. Rules and regulations identify some of the important boundaries that must be maintained at all times.

The following are a few suggested steps for dealing with the difficult patient:

1. Have policies and procedures in place for dealing with the disruptive or threatening patient. Provide staff and health care providers guidance and training in how to deal with and effectively communicate with patients who are being difficult.
2. Address concerns before they become problems. Allow for the opportunity to express concerns or problems encountered, where there is no fear of retaliation. Attempt to determine the nature, the contributing factors and possible solutions to the problems encountered. In a calm

and non-judgemental manner, provide the individual with the opportunity to explain his or her behaviour. Do not be threatening or confrontational.

3. If there is an expectation that an individual needs to change certain behaviours, or to refrain from acting in a non-conductive or inappropriate manner, an explanation of what is expected is necessary. The focus should be on the behaviour, not on the individual's personality.

Set limits on behaviour and be consistent. With some patients, a contract may be necessary in order for the doctor/patient or clinic/patient relationship to continue.

4. Document the patient's behaviour and all steps taken with the staff and the patient regarding the nature and context of the conflict. Be factual, objective and specific.
5. Warn other staff about patients who have displayed disruptive, threatening or abusive

behaviour.

6. If termination of the doctor/patient or clinic/patient relationship should become necessary, the patient must be given adequate notice. It is suggested that a registered letter be sent to the patient indicating the termination. The College has a template available for terminating the doctor/patient, patient/clinic relationship. Please contact Jo-Anne Wolan to obtain a copy.



Release of Information Respecting College Investigations

B. Salte, Associate Deputy Registrar

What information should be available to the public respecting the discipline of physicians for alleged unprofessional conduct? This was one of the issues considered by the Council at its last two meetings.

The College often deals with conflicting interests and perspectives. These conflicting interests are particularly noticeable when the College investigates possible unprofessional conduct by a physician. The College performs a public protection role and is expected to be transparent when it deals with significant concerns about possible physician misconduct. The

requirement and expectation of transparency may conflict with other interests. One conflicting interest that needs to be considered by the College is to try to avoid damage to physicians' reputations from complaints that are untrue, arise from a misunderstanding, or cannot be proved. Attempting to balance the competing interests is a challenging task.

There is some guidance available in legislation and reports. Saskatchewan legislation requires the College to investigate all complaints relating to possible unprofessional conduct. Saskatchewan legislation requires the

College to advise complainants of the results of such investigations. The Health Professions Regulatory Advisory Council of Ontario, in its review of the Ontario College policies, has recommended substantial additional public access to information relating to complaint investigation. These were some of the factors that guided the College in its review of policies relating to release of information from College investigations.

Information respecting complaints dealt with by the Complaints Resolution Advisory Committee has never been available to the

public. That will continue to be the situation. The College's perspective remains that the Committee is an educational and quality assurance committee intended to improve the quality of health care in Saskatchewan. Complaints are considered by the Committee and if appropriate, the Committee may provide recommendations to the physician who was the subject of a complaint. The College's perspective is that release of information pertaining to the work of the Complaints Resolution Advisory Committee would be counter-productive and could be a breach of *The Medical Profession Act, 1981*.

Investigations of possible unprofessional conduct are conducted by a Preliminary Inquiry Committee. Such investigations may determine that there is a sufficient basis to formally charge a physician with unprofessional conduct, or may determine that a charge of unprofessional conduct is not warranted. Until a Committee has completed its investigation and submitted its report, and until the Council has considered the report, the

College will not have decided whether a formal charge of unprofessional conduct should be laid against a physician.

The Council confirmed its current policy that the College will not, in general, allow public access to information relating to investigations by a Preliminary Inquiry Committee. That means that, in general, the College will not advise the public whether an investigation of possible unprofessional conduct is under way, nor, in general, will information from a Preliminary Inquiry Committee report be released to the public.

There may be extraordinary circumstances where information relating to an investigation may be released. There may be situations where the information is in the public domain, such as where a physician is charged with a criminal offence and the criminal charges have been reported in the media. The information from a Preliminary Inquiry Committee investigation may be used in a public hearing to determine whether a

physician should be suspended from the practice of medicine. A physician may challenge the College's actions in a court proceeding. In such circumstances, it may be appropriate to allow the public access to information that an investigation is under way. This will remain something only done in exceptional circumstances.

The Council determined that once a formal charge of unprofessional conduct is laid against a physician, the information should be available to the public. Before a charge is laid the complaint will have been investigated, a report of the investigation produced, and the Council will have decided that the information justifies a hearing into the formal charges. The Council also decided that summary reports of discipline decisions will, in future, be reported in the College newsletter. This edition of the newsletter contains the first such report relating to a College disciplinary action. Reports of discipline matters will in future be available on a more timely basis, rather than in an annual report which has previously occurred.



Disciplinary Actions

B. Salte, Associate Deputy Registrar

At its March meeting, the Council of the College decided that disciplinary actions will be reported in the next College newsletter,

rather than being the subject of an annual report. This is the first of those reports.

At the March meeting of Council, Dr. E. D. Korchinski entered a guilty plea to a charge of unbecoming, improper, unprofessional, or

discreditable conduct involving harassment of colleagues and co-workers.

Information relevant to disposition included Dr. Korchinski's medical condition, Dr. Korchinski's ongoing medical treatment and the fact that he had previously acknowledged unprofessional conduct involving harassing behaviour towards a patient. The Council also received information that Dr. Korchinski had been removed from practice for two months from September, 2003 to November, 2003 in relation to the investigation.

As part of the disposition, Dr. Korchinski provided an undertaking to the College. Among the terms of the undertaking was that he would continue to be enrolled in the SPARC program, would authorize regular reports from that program, and would continue with his medical treatment.

The Council's decision was that:

Pursuant to section 54(1) of The Medical Profession Act, 1981, Dr. E.D. Korchinski is hereby suspended for a period of five months. The first two of these months shall be deemed to have been served during the period of Dr. Korchinski's removal from practice during the period from September 19, 2003 until November 18, 2003.

The further three months of suspension shall be suspended on the condition that Dr. Korchinski has not committed any further actions of unprofessional conduct in the period subsequent to September 19, 2003 and will not commit further acts of unprofessional conduct for the period ending September 18, 2005. In the event that Dr. Korchinski does not engage in, and has not engaged in, any conduct within that two year

period that results in a finding of unbecoming, improper, unprofessional or discreditable conduct, Dr. Korchinski will not be required to serve this suspension. If Dr. Korchinski is found to have committed an act of unbecoming, improper, unprofessional or discreditable conduct, and that conduct occurs within the period September 19, 2003 and September 18, 2005 Dr. Korchinski will, upon being found guilty, be immediately suspended for a period of three months pursuant to this motion.

Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, Dr. E.D. Korchinski is hereby required to pay the sum of \$2,000 towards the costs of and incidental to the investigation and hearing.

Dr. Korchinski has paid the costs and, subject to Dr. Korchinski's compliance with his undertaking, the matter has now been concluded.

Council

COUNCIL MEMBERS RELINQUISHING APPOINTMENTS

On behalf of the Council, the President would like to thank

*Mrs. Georgina Chartier, Public Member
Dr. Malcolm Warburton, Physician Member, Paradise Hill*

For their valuable and generous service to the College,
the profession, and the people of Saskatchewan.

The Council welcomes, Mrs. Irene Fraser, Dr. Nick Verma and
Dr. Borden Bachynski to the Council table.

2004 Council

Dr. Garry Hansen, President, Executive Committee	Saskatoon
Dr. Edward Tsoi, Vice President, Executive Committee	Estevan
Dr. David Ahmed, Past President, Executive Committee	Regina
Dr. William Albritton (Dean, College of Medicine)	Saskatoon
Dr. Borden Bachynski	Regina
Dr. George Gilmour	Prince Albert
Dr. Warren Huber, Executive Committee	Humboldt
Dr. Suresh Kasset	Herbert
Dr. Mukesh Mirchandani	Yorkton
Dr. Fred Morris	Moose Jaw
Dr. Prakash Patel	Regina
Dr. Tomas Sylwestrowicz	Saskatoon
Dr. Nick Verma	N. Battleford

Public Members Appointed by the Minister of Health

Mr. Michael Fisher	Melville
Mrs. Irene Fraser	Saskatoon
Mrs. Jean MacKay	Regina
Mrs. Betty McKenna	Moose Jaw
Mr. Evert Van Olst, Executive Committee	Saskatoon



OPEN MEETINGS OF COUNCIL

June 11th
September 17th
November 26th

The public and membership are invited to attend.
Council meetings are held in the College Boardroom,
211 Fourth Avenue South, Saskatoon

For information, please contact Jo-Anne Wolan,
Director of Communications/Education

SENIOR LIFE MEMBERS

The College would like to recognize those Senior Life Members who have practiced 40 continuous years in the province of Saskatchewan:

Dr. W.E. Adams, Regina	Dr. R.C. Anderson, Saskatoon
Dr. Z.D. Belak, Saskatoon	Dr. A.T. Bromley, Regina
Dr. J.D. Brown, Regina	Dr. W. Chernenkoff, Saskatoon
Dr. A.J. Juckes, Regina	Dr. J.F. Lopez, Saskatoon
Dr. G.A. McBride, Saskatoon	Dr. C.S. Maningas, Saskatoon
Dr. F. R. Morris, Moose Jaw	

Recommended Resource

Institute for Safe Medication Practices (ISMP)

The Institute for Safe Medication Practices Canada is an independent Canadian non-profit agency established for the collection and analysis of medication error reports and the development of recommendations for the enhancement of patient safety. ISMP reviews medication errors submitted by practitioners and makes recommendations on drug distribution, naming, packaging, labelling, computer program design and drug delivery system design. The Institute works collaboratively with health care practitioners, institutions, professional organizations, the pharmaceutical industry and regulatory and government agencies to provide education about adverse drug events and their prevention.

The Institute distributes a newsletter with Canadian alert bulletins. Subscriptions are available at a number of different levels (individual, multiple sites, single/multiple site(s) hospital(s)). For information and journal publications visit the Institute website at: www.ismp-canada.ca.

Next ECG Exam

Monday, July 12th, 2004, 1:15 p.m. – 4:15 p.m.
College of Physicians and Surgeons,
211 - 4th Avenue South,
Saskatoon SK S7K 1N1

For further information: contact Camille Dunlop at (306) 667-4622

Upcoming Conferences

College of Medicine, University of Saskatchewan
Division of Continuing Professional Learning

ECG Update 2004

June 11th, 2004

Pasqua Hospital Auditorium
Regina, SK

The program developed by Dr. J.F. Lopez is designed for physicians who are approved to interpret ECGs or who understand the basic principles of ECG. Course is limited to 48.

For further information contact: Heather at (306) 766-4015

University of British Columbia
Department of Medicine – Continuing Medical Education

MEDICINE IN THE 21ST CENTURY

Advances in Internal Medicine

June 10th – 20th, 2004-03-31

Vancouver, BC

For Program Information visit the website at: www.medicine.ubc.ca/online

For further information contact: Hazel Wilcox at (604) 875-5757
hwilcox@interchange.ubc.ca
or Andrea Toker at (604) 875-4166
atoker@vanhosp.bc.ca

Apologies

The College would like to apologize for the oversight in not listing Ms. S. Staseson as a member of the Perinatal Maternal Mortality Study Committee as published in the last newsletter.

The College would also like to apologize for the incorrect reference to the Royal College of Physicians and Surgeons “MOCOMP” program. The correct title of their program is “Maintenance of Certification”.

Feedback

The College of Physicians and Surgeons of Saskatchewan welcomes your feedback on any of the articles that appear in the ‘*Newsletter*’.



College of Physicians & Surgeons
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Newsletter

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