THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

From the College

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This newsletter is forwarded to every licensed medical practitioner in the Province of Manitoba. Decisions of the College on matters of standards, amendments to regulations, by-laws, etc., are published in the newsletter. The College therefore expects that all practitioners shall be aware of these matters.

IN THIS ISSUE...

Congratulations…

- Dr. June James (CPSM President 2002-2003) and Dr. Jack Armstrong were recently both awarded the Order of Manitoba. This important honour is reserved for only a few individuals each year. Congratulations to them.

- The following members were honoured at the Annual Meeting of the Manitoba Medical Association:
  - Dr. Chander Gupta – *Physician of the Year Award*
  - Dr. Oscar Casiro – *Administrative Award*
  - Dr. William Rennie – *Distinguished Service Award.*

If you are aware of a special honour given to a fellow member that the profession would be interested in reading, please forward the information to the Registrar.

The President's Message

I hope you had a good summer. Fall is arriving fast and furious and with it the usual committee work, unavoidable for the involved physician. I am very proud to serve as your president this year. Sarah Kredentser did amazing work last year and left me with very large shoes to fill. She is very articulate, diplomatic and organized, and represented the College in an outstanding fashion.

Last year was quite a learning experience for me. We are still in the midst of our governance model change to improve Council efficiency. We are defining our ends and achieving them by the development and review of policies. This change has and will generate a lot of work. Almost all of the Council work in the next few years will be policy related. The Council just reduced its size at the last election and will do so again in 2006.

Considerable energy was spent dealing with issues such as physician profiles, government financed programs at the College, after hour coverage and keeping the College on sound financial ground.

This year the same items will be on the menu and hopefully we will commit some time to Continuing Professional Development. The College is well served by a great team of registrars and its competent staff, and I look forward to working with them on your behalf.

Dr. Maurice Roy

Physician Profiles

In 1994, following 12 baby deaths in the Paediatric Cardiac Surgery Unit at the Health Sciences Centre in Winnipeg, Mr. Justice Murray Sinclair conducted an inquiry into the circumstances surrounding the deaths. The inquest report was released in November, 2000 and contained 36 recommendations. Paul Thomas, professor of political science at the University of Manitoba, was then given four months to devise a plan to implement those recommendations.

The Thomas Report was released in May, 2001. Two of the recommendations contained in the report were:

- *The Review Committee endorses the development and publication of physician profiles that balance the public's right to know with protection against unfair*

damage to the reputations of physicians.

- *The Review Committee recommends that the CPSM (the College of Physicians & Surgeons of Manitoba) work with Manitoba Health and other interested groups to develop a system of 'physician profiles' describing the education, experience, training, awards, disciplinary history and other information deemed relevant for each physician practicing in Manitoba. In the context and format for physician profiles, a balance must be found between the public's right to know and easy access to information with the right of physicians to a measure of privacy and to an accurate, balanced and fair interpretation of their history of medical practice.*

A commitment was thereafter made by the Minister of Health to ensure that these recommendations would be implemented, and in August, 2002, the Government enacted amendments to The Medical Act, giving the CPSM the authority to develop and publicize physician profiles.

In early 2002, Manitoba Health established a Physician Profiles Steering Committee to make recommendations regarding the implementation of a physician profiles system for Manitoba, including recommendations respecting the categories of information to be included in physician profiles. This Committee was constituted of representatives of the College of Physicians & Surgeons, the Manitoba Medical Association, Manitoba Health, the Regional Health Authorities Council of Board Chairs, the Coalition for Improved Access to Physician Practice Information, and a representative of the public. The Steering Committee provided its report to Government in November, 2003, and the Government has now announced its intention to make physician profiles available to the public in the future.

Much of the information that will be included in physician profiles is already accessible by the public from a variety of sources.

While responsibility for the maintenance and day to day operation of the physician profiles system will rest with the College of Physicians & Surgeons, the Government has agreed to be responsible for all costs associated with the implementation and maintenance of the profiles system.

The public will be able to access physician profile information either on-line or by telephone. The profiles will also serve as a source of information for physicians, such as for the purpose of assisting primary care physicians in making referrals to specialists.

More detailed information regarding physician profiles, including the responsibilities of physicians in reporting and verifying profile information, will be provided to the profession by the College in the future.

College to Cease Participation in Clinical Practice Guidelines Program and Manitoba Prescribing Practices Program

As part of the College's planning process, the Executive considered the College's participation in all government-funded programs. Given the College's obligations to its core functions (registration, discipline and standards) and its current fiscal position, the decision was made to limit the College's involvement in some government-funded programs.

Effective October 31, 2004, the College will no longer participate in the Clinical Practice Guidelines Program in its current form. We are discussing with government alternate ways to assist physicians in accessing clinical guidelines from other sources, such as specialist professional societies.

The College will also cease administration of the Manitoba Prescribing Practices Program no later than March 31, 2005. The College will continue to cooperate in a multi-professional program to review prescribing issues, but it will not administer the program. At the present time, we do not have details of how any further prescribing practices program may operate. We are discussing with government the transition of this program, and will provide updates in the future.

New Dean of Medicine Announced

Dr. Dean Sandham, from the University of Calgary, has accepted the position of Dean of Medicine at the University of Manitoba. He will be taking up his responsibilities on October 1, 2004. We welcome him and wish him the very best during his tenure at the University of Manitoba.

Manitoba Cervical Cancer Screening Program's New Initiatives

Manitoba Cervical Cancer Screening Program (MCCSP) statistics indicate that as women age their rate of screening decreases, even though most invasive cervical cancers occur in women over age 30. 2002 statistics show that only 39% of Manitoba women received a Pap test and that only 30% of Manitoba women 60-69 were screened during that year. MCCSP supports physicians in their screening efforts by providing professional and patient resources free of charge on the website: www.cancercare.mb.ca/MCCSP or large volumes can be

ordered.

To improve screening rates the MCCSP is working collaboratively with physicians and other health care professionals to develop tools and creative initiatives. Recent outcomes:

Chart aid for physicians:
Screening Histories: You can call the MCCSP program at 788-8626 or toll free 1 866-616-8805, for any cervical cytology results since April 2001 and colposcopy results as of January 2004.
Chart Stickers: This convenient system uses chart stickers to prompt when your patient should have her next Pap test. Simply contact the MCCSP for your patient's cervical cytology screening history, write the date on the sticker, and then place the sticker in a visible location on her chart. This simple sticker can improve your rate of opportunistic screening!

Aids for patient education:
-Bookmarks: Plain language Q & A format written at a less than a grade 3 level. Available in 22 languages.
-Over 50 Information Sheet: Written at a grade 3 level and targeted to women over 50.
-Posters: Encouraging women to take action and book an appointment for a Pap test.
-Colposcopy Video: An educational video for women explaining what will happen during the colposcopy appointment and treatment. Available in VHS and DVD format.

Initiative That May Increase Pap Bookings at Your Office:
This fall more women may be calling their doctor to book a Pap test. Women of Winnipeg who have not had a Pap test in two years or more are the target of a one-day walk in Pap test clinic. On October 27, 2004 the MCCSP is partnering with 17 Winnipeg clinics to offer Pap tests on a walk in basis. Exact locations and times of the clinics can be obtained by calling 788-8628.

All 17 clinics will be providing women with health information about the importance of regular *medical care including regular Pap tests*. It is hoped that this initiative will prompt women to either book an appointment with their physician or to have a Pap at one of the clinic sites.

The MCCSP is administered through CancerCare Manitoba, the organization responsible for cancer prevention, detection, care, research and education throughout Manitoba, and supported by Manitoba Health. More information about the program is available on the CancerCare Manitoba website at www.cancerccare.mb.ca/ MCCSP. For further information about MCCSP and its initiatives throughout the province please contact, the Health Promotion Specialist, Alison Bertram Farough at 204-788-8648.

To order materials please use the website www.cancercare.mb.ca/MCCSP or call 204-788-8626 or Toll Free: 1 – 866-616-8805 or fax: 204-779-5748

Approval of Research Ethics Committee Protocols by U of M Research Ethics Board

For Physicians with University of Manitoba Faculty Appointments Only

Members should note that the University of Manitoba's Research Ethics Boards will no longer review protocols from members of this College who do not hold academic appointments with the University of Manitoba.

If a physician is part of an approved research project which has been approved by a committee established by a Canadian university or a medical regulatory authority, that approval will comply with Statement #153, "Scientific Acceptability – Procedure Approval". This statement will be reviewed during the upcoming year.

Provincial Immunization Safety Policy: Anaphylaxis Management

After wide consultation, the Communicable Disease Control Unit, Public Health Branch of Manitoba Health makes the following recommendation: All persons providing immunizations should:

- be familiar with and capable of following a protocol for the management of vaccine related anaphylaxis (e.g. the Manitoba Health "*Protocol for Management of Suspected Anaphylactic Shock in Non-Hospital Settings"*) http://www.gov.mb.ca/health/publichealth/cdc/fs/anaphylactic.pdf) (as accessed April 2004)
- be trained in cardio-pulmonary resuscitation (CPR) OR have immediate, continuous, onsite access to persons who are trained (e.g. as would occur in an acute care setting).

Emergency Perinatal Transport

Physicians are reminded to assess and examine prenatal patients presenting in rural or urban facilities with obstetrically related concerns before transfer to another facility.

For further information refer to Guideline No. 1689 "Emergency Perinatal Transport" and Guideline No. 1620 "Interfacility Emergency Transportation" on the College's website at www.cpsm.mb.ca.

Expanded Infant Childhood Routine Immunization Program: October 1, 2004

Manitoba Health will be including the pneumococcal conjugate, meningococcal C conjugate and varicella vaccines in the routine immunization schedule as of **October 1, 2004**. The pneumococcal conjugate and the varicella vaccines will be available to physicians starting **September 20, 2004** from the biologics order desk UPS Supply Chain Solutions. Telephone: 633-2621 or toll-free 1-800-665-7315. The vaccines are made available earlier than the official program start date in order to assist with office visit planning and preparation.

Eligibility criteria of targeted groups for the above three vaccines:

Pneumococcal Conjugate vaccine:

- **Children born on or after January 1, 2004**. Vaccine to be administered primarily by physicians when children turn 2, 4, 6 months of age (and turn 18 months in 2005), starting October 1, 2004.

Varicella vaccine:

- **Infants born on or after January 1, 2004**. Vaccine to be administered primarily by physicians, when infants turn 12 months of age starting January 1, 2005.
- **Susceptible children born on or after January 1, 1999**. Vaccine to be administered primarily by physicians, at the time of the preschool booster starting October 1, 2004.
- **Susceptible grade 4 students born on or after January 1, 1995**. Vaccine to be administered in schools to grade 4 students by public health, along with the hepatitis B vaccine.

Meningococcal C Conjugate vaccine:

- **Grade 4 students born on or after January 1, 1995**. Vaccine to be administered in schools to grade 4 students by public health, along with the hepatitis B vaccine.

Note: Vaccines are provided free of charge to children who meet the above eligibility criteria.

Assessment of Neonates for Suspected Congenital Heart Disease

Congenital heart disease is observed in approximately 8 per 1,000 live births. Some cases of congenital heart disease are known prior to birth based on antenatal imaging. The three cardinal signs of congenital heart disease are cyanosis, decreased systemic perfusion and tachypnea. Most children with congenital heart disease will have a cardiac murmur at birth or within 24 hours of birth. Transient, non-pathologic murmurs are often audible, especially in the first few hours of life in well neonates. Transient, non-pathologic murmurs generally are localized, systolic ejection type, and quiet (Grade 1 or 2). Most non-pathologic murmurs resolve within 24 hours. Some infants with heart murmurs will have clinically significant congenital heart disease, in need of urgent intervention.

If any of the above cardinal signs, and/or the presence of a cardiac murmur is detected in a neonate, assessment should include complete cardiovascular exam with attention to respiratory and heart rate, femoral and peripheral pulses, quality of heart sounds, murmur characterization, and liver size. Additional assessments should include:

- four limb blood pressure by dynamap (generally the lower limb blood pressure is slightly greater than the upper extremity);
- oxygen saturation pre and post ductus arteriosus (e.g. right hand and right foot);
- chest X-ray;
- blood gases.

Cardiology consultation is suggested for neonates with loud, widespread, or diastolic murmurs; neonates with more than 10 mmHg difference in blood pressure between limbs; and neonates with low measured oxygen saturation (90%) or drop in saturation in the lower extremity. Neonates not referred for cardiology consultation should have the murmur reassessed, and should be observed for tachycardia, decreased perfusion, tachypnea, cyanosis and feeding difficulties.

It should be noted that the absence of a murmur does not exclude congenital heart disease.

Sudden Cardiac Death - Children and Teens

The Child Health Standards Committee has observed cases of sudden and unexpected cardiac death among children and teens. Sudden cardiac death is uncommon in childhood, with an estimated annual frequency of 1 in 250,000 to 1 in 500,000. There is a male preponderance, with sudden cardiac death occurring during or after vigorous exercise. Cardiac lesions most commonly associated with sudden cardiac death are hypertrophic cardiomyopathy and coronary artery abnormalities. Hypertrophic cardiomyopathy is an autosomal dominant disorder with variable expression. The commonest coronary artery abnormality is anomalous origin of the left coronary artery from the right sinus of the Valsalva. Less common lesions associated with sudden cardiac death include idiopathic left ventricular hypertrophy, long QT syndrome, mitral valve prolapse, Wolff-Parkinson-White syndrome, ruptured aortic aneurysm (Marfan's syndrome), myocarditis, aortic valvular stenosis and premature atherosclerotic coronary artery disease. A powerful blow to the sternum is an infrequent cause of sudden cardiac death in a healthy child or teen.

Cardiac lesions with the risk of sudden cardiac death should be considered for children and teens as follows:

- a history of syncope/near syncope with exertion;
- chest pain with exertion;
- excessive/unexplained exertional dyspnea;

- family history of sudden death in a teen or young adult.

Children and teens with these symptoms should have cardiac assessment including history, examination, and a 12-lead EKG. Family history of a specific disease including hypertrophic cardiomyopathy, long QT syndrome, Wolff-Parkinson-White syndrome, mitral valve prolapse, Marfan's syndrome, and severe dysrhythmia is significant**.** A systolic murmur suggesting dynamic left ventricular obstruction may be present for children and teens with hypertrophic cardiomyopathy. This murmur is heard over the aortic area, increasing with standing or with Valsalva maneuver. A hyperdynamic precordial impulse may suggest left ventricular outflow obstruction. Physical stigmata of Marfan's syndrome identify risk for sudden cardiovascular death. A 12-lead EKG will identify some children at risk for sudden cardiac death. Children and teens with significant findings from cardiac assessment should be referred for cardiology consultation. Genetic testing is available for some forms of hypertrophic cardiomyopathy and long QT syndrome.

References:

1. Maron BJ: Sudden death in young athletes. N Engl J Med 2003; 349(11): 1064-75.
2. Guidelines for Pediatricians: Sudden cardiac death (SCD). American Academy of Pediatrics Issue 9; Nov 2002.
3. Densor JA. Sudden cardiac death in young athletes: causes, athletes heart and screening guidelines. Postgraduate Medicine 2000; 108: 37-50.
4. American Heart Association. Sport Fitness Guide Circulation 1996; 94-850.
5. Batra, Hohn. Palpitations, syncope, and sudden cardiac death in children: who's at risk? Pediatrics in Review 2003; 24: 266-71.

Completion of the Manitoba Prenatal Record

Physicians giving obstetrical care are reminded that the Manitoba prenatal record (version 06/00) should be readily available to the patient's caregivers at the time of admission for delivery. The prenatal record should contain **all** relevant data and the results of any testing done throughout the pregnancy, (examples – HIV, STD testing, beta hemolytic streptococcus results, Rh, hemoglobin, etc.)

The prenatal record was designed as a source of information for the physician providing care, as a source of communication between the physician and other health care providers and as a mechanism for review of the quality of care provided to the patient. A current and complete prenatal record should be available when a patient attends any fetal assessment unit for assessment. The prenatal record is reviewed and updated every five years. Physicians are referred to Guideline No. 117 of the College of Physicians and Surgeons with regards to medical record keeping. (http://www.umanitoba.ca/colleges/cps/Guidelines_and_Statements/117.html)

Note from the Registrar

As we move from a cold, wet summer to a cold, wet fall, there are a number of items going on of interest to members.

The Annual General Meeting in June approved the final transition to policy governance at the College. This governance process is intended to ensure that councillors make and direct long range policy for the organization and that they have a chance to formally review what is happening and modify instructions to the secretariat. We will continue to update you on this process.

The College said goodbye to a number of long serving councillors at that meeting, including Drs. Gabriel Anid, Margaret Burnett, Gary Lindsay, Wayne Manishen, Bob Menzies, Allan Ranson, Jan Ritchie, Bob Sangster, Marilyn Singer, Kin Yuen and the late Rev. Canon John Caird. We welcomed new councillors Drs. David Chapman, Bruce Kowaluk, Nwachukwa Nwebube and Mr. Russ Toews.

I am pleased to inform you that the number of members who failed to renew their licensure by the close-off date of September 1st continues to decrease. This year, 97 members missed the cut-off date. This compares to 138 last year.

Your College will be working on a number of very important issues over the next six months. This newsletter contains a notice about physician profiling. In addition, we will be reviewing the Law Reform Commission Report on withholding and withdrawing life support and working to produce a statement on this topic. Members will recall in an earlier newsletter that we asked for comments from members. A working group will be formed to move this along in the fall.

Report of Disciplinary Proceedings

INQUIRY: IC03-02-08
DR. ADOLPHUS O. S. SOWEMIMO

On April 19, 2004, through his legal counsel, Dr. Sowemimo appeared before an Inquiry Panel to answer a charge of professional misconduct and having demonstrated unfitness to practice medicine. The charge was made up of 56 counts, summarized as follows:

1. Commencing on or about January 27, 2003 and continuing until on or about March 18, 2003, Dr. Sowemimo breached the terms of an Undertaking given by him to the College. On January 24, 2003 he undertook to restrict the volume of his practice to a maximum of 40 patients per day and in fact saw more than 40 patients per day during that period.
2. Commencing on or about January 29, 2003 and continuing until on or about March 18, 2003, Dr. Sowemimo attempted to mislead or deceive the College in that he took steps to conceal the breaches of his Undertaking, including making false entries in patients'

charts and submitting false billing to Manitoba Health. In particular, on most week-days Dr. Sowemimo saw more than 40 patients per day, but he dated the chart entries as though he had seen the patients on a Saturday, and he billed Manitoba Health using the Saturday dates to create the impression that the patients were seen on Saturdays.

3. On or about March 21, 2003, in a letter that Dr. Sowemimo wrote to the College, and on or about March 28, 2003 during Dr. Sowemimo's interview with the Investigation Chair of the College, while attempting to explain his actions relating to concerns that he had breached his undertaking dated January 24, 2003, Dr. Sowemimo made statements that were false and/or misleading and/or inaccurate in relation to:
   a. the reasons for which he breached the undertaking;
   b. the number of patients that he saw in excess of the total permitted by the undertaking, by initially stating that he saw fewer patients that he did see in fact;
   c. the extent to which his office was open to patients on Saturdays between February 1 and March 15, 2003 and the number of patients that he saw on those Saturdays by stating that his office was open and he did see patients on each and every Saturday when in fact he did not.
4. On or about March 28, 2003 Dr. Sowemimo attempted to interfere with the College's investigation into his conduct in that he attempted to prevent his receptionist from speaking to the College and attempted to influence the information that she could provide to the College.
5. Commencing in or about September 1997 and continuing until in or about June 2003, Dr. Sowemimo breached Article 11 of the Code of Conduct and Statement 148 in that he provided medical care beyond minor or emergency services to his daughter and his wife in circumstances where other physicians were readily available.
6. In communications with the College as to the nature and extent to which Dr. Sowemimo prescribed medication to his daughter and to his wife, Dr. Sowemimo provided incomplete and misleading information as to the nature and extent to which he prescribed medications to them.
7. On six different occasions between during the period between April 2000 and February 2003, in respect to Dr. Sowemimo's care of five different patients, he prepared Medical Assessment Forms and/or Sickness Certificates on behalf of those patients in which he made representations as to the state of health of those patients that he knew or ought to have known were untrue and/or misleading.
8. In the care and management of twenty-one of Dr. Sowemimo's patients, spanning the period between January 2001 and March 2003, Dr. Sowemimo failed to maintain an adequate standard of care. Particulars of the failures varied with each patient, but all included a failure to gather adequate historical information and/or a failure to conduct adequate physical examinations where indicated and a failure to create and maintain adequate clinical records and a failure to meet the requirements of Articles 29.1 and 29.3 or By-Law #1 of the College. In respect to several of the patients, Dr. Sowemimo failed to investigate and manage adequately many of those patients' medical conditions and/or failed to develop and/or implement an adequate management plan in respect to their various health issues and medications, and/or inappropriately prescribed medications. The College obtained an expert opinion from a family physician to support the allegations of inadequate care and no expert opinion to refute those allegations was produced on behalf of Dr. Sowemimo.

Dr. Sowemimo admitted to the particulars set forth in the charge, including having demonstrated an unfitness to practice medicine and entered a guilty plea.

The College and Dr. Sowemimo made a joint recommendation as to the discipline to be imposed. Based upon the serious circumstances of this case, the Inquiry Panel concluded that the cancellation of Dr. Sowemimo's registration and license was the appropriate penalty and that the costs were appropriate. It therefore accepted the joint recommendation and ordered that:

1. Dr. Sowemimo is guilty of professional misconduct and of having contravened the By-laws, the Code of Conduct and Statements of the College and has demonstrated unfitness to practice medicine;
2. Pursuant to s. 59.6(1)(g) of *The Medical Act*, Dr. Sowemimo's registration and licence are cancelled;
3. Pursuant to s. 59.7(1)(a) of *The Medical Act*, Dr. Sowemimo shall pay costs to the College of the investigation and inquiry in the sum of $93,525.24, such payment to be made as mutually agreed over time between Dr. Sowemimo and the College; and
4. The College shall publish the circumstances relevant to the findings and the Order of the Inquiry Panel with such publication to include Dr. Sowemimo's name.

INQUIRY: IC02-01-05
DR. RICHARD BILOS

On May 20, 2004 Dr. Richard Bilos pled guilty to a charge of professional misconduct. The charge specified that during the period from July 2001 until October 2001 Dr. Bilos violated his ethical obligations to a former patient, X, in that he exploited her for his personal advantage.

Dr. Bilos provided care to X beginning in September 1994, first on a walk-in basis and then as X's regular family physician. He continued as such until at least some time in 2000. Although the last documented office visit was March 2, 2000, on April 13, 2000, Dr. Bilos provided a written prescription to X for a one year supply of Tricyclen and Stemetil, and on May 11, 2000, he provided a verbal prescription to X for a one year supply of each of the following medications: Flovent, Docusate Calcium, Naproxen, Zovirax, APO-Salvent, and PMS-Lactulose.

At all material times, Dr. Bilos was aware that X had significant psychiatric difficulties dating back to at least 1987, and had been diagnosed as schizophrenic and as having schizo-affective disorder.

During the course of the physician/patient relationship, Dr. Bilos undertook to provide psychotherapeutic treatment to X during a period of time when she was not under the

care of a psychiatrist.

In late 1997 it came to the attention of the College that Dr. Bilos had gone to Assiniboine Park with this patient on a Saturday. As a result of Dr. Bilos' actions in engaging in a personal relationship with X during the same period as he had a physician/patient relationship with her, Dr. Bilos agreed to participate in the Boundary Training Program. Contrary to direction given to him, Dr. Bilos did not terminate the physician/patient relationship with X at this time. He did make some limited efforts to find her another physician.

In June 2000, Dr. Bilos left the clinic where he had provided care to X. He had no further contact with X until June 2001.

On June 27, 2001, X telephoned him at his office to extend a personal greeting to him. Shortly thereafter Dr. Bilos returned her call and they arranged to meet.

In or about the months of July to October 2001, Dr. Bilos met socially with X on four occasions, and engaged in physical contact, including sexual intercourse, with X. As a result of this relationship, X had a child.

Before engaging in sexual intercourse with X, Dr. Bilos failed to make an adequate assessment of the degree of residual dependence arising from the physician/patient relationship with X. Expert evidence was that the sexual relationship was a direct extension of the knowledge, relationship and power derived from the period in which Dr. Bilos served as X's physician and psychotherapist.

Dr. Bilos admitted to the particulars set forth in the charge, and entered a plea of guilty to the charge.

The College and Dr. Bilos made a joint recommendation as to the discipline to be imposed, as follows:

1. Dr. Bilos' registration and licensure with the College was cancelled.
2. Dr. Bilos is to pay costs in the amount $19,036.34, in accordance with a mutually agreed schedule of payments over time.
3. There be publication, including Dr. Bilos' name.

The Panel was advised that apart from a small disability benefit, X is dependent upon maintenance from Dr. Bilos for the support of their child. Investigation Committee is concerned about the potential for further serious harm to X and to Dr. Bilos' and X's child if Dr. Bilos' maintenance payments are reduced due to loss of his livelihood arising from cancellation of his registration. For that reason, Investigation Committee agreed to an assessment of Dr. Bilos in advance of the Inquiry. The Panel was advised that Dr. Bilos has had an assessment by a boundaries expert and will be making an application for reinstatement subject to various practice conditions and a remediation plan recommended by the boundaries expert. The Panel was advised that the potential adverse impact on the victim and the child is an issue for consideration on the reinstatement application but that for sentencing purposes this factor cannot outweigh the condemnation of Dr. Bilos' conduct, which is reprehensible. Furthermore, determination of the reinstatement application rests with Executive Committee.

Factors relevant to the penalty include:

1. the serious and inexcusable deviation from the obligation of physicians to maintain appropriate boundaries.
2. although X was a former patient, Dr. Bilos knew or ought to have known that she remained vulnerable to exploitation by him, and was not capable of providing true consent to a sexual relationship with him. Dr. Bilos underwent Boundary Training and therefore should have had heightened awareness of the boundary issues.
3. Dr. Bilos's discipline history with the College, namely a censure issued in 1999 in relation to care provided to a patient.

The Inquiry Panel concluded that in all of the circumstances the cancellation of registration was the appropriate penalty. It therefore accepted the joint recommendation.

INQUIRY: IC03-10-04
DR. STEWART JAMES SILAGY

On March 30, 2004, Dr. Stewart Silagy appeared before an Inquiry Panel to answer to a charge of professional misconduct. Dr. Silagy entered a plea of guilty to charges of professional misconduct. There were 4 issues before the Inquiry Panel, summarized as follows:

1. From October 30, 2002 to August 30, 2003, Dr. Silagy counter-signed prescriptions issued by physicians practicing in the United States based solely on information he received without direct patient contact. He thereby failed to meet an acceptable standard of care and breached Statement 805 of the College. His was a pattern of practice - Dr. Silagy had a counter-signing arrangement with 3 pharmacies, and counter-signed 2271 prescriptions.

   In late April or early May 2003, Dr. Silagy called the Registrar to inquire whether it was acceptable to counter-sign prescriptions for American patients. He was advised that it was not acceptable. He stated that he would not do so in the future. As a result of that conversation, Dr. Silagy did cease counter-signing for 2 of the pharmacies. However, he allowed his personal relationship with the pharmacist at the third pharmacy to affect his judgment and carried on counter-signing for that pharmacy until August 2003. It was therefore evident that Dr. Silagy had counter-signed prescriptions in deliberate disregard of Statement 805 and in contravention of the statement he made to the Registrar in April or May 2003 that he would not counter-sign in the future. Dr. Silagy acknowledged the significant error in judgment on his part.

   The Panel received an opinion from a consultant that a physician counter-signing prescriptions in these circumstances has no personal knowledge of what information the patient has about the medication, has not been able to assess properly whether the medication is indicated and is not providing any follow-up as to

efficacy or side-effects. The physician has no assurance that the medication is in the best interests of the patient, and is really providing a service to the pharmacy for a fee. In this sense, the physician is breaching Article 1 of the Code in that he is not considering the well-being of the patient as the first priority, and is using his status as a physician to sell his signature to the pharmacy.

2. From February 3, 2003 to August, 2003, Dr. Silagy practiced medicine without professional liability coverage that extended to his counter-signing practice. This was a breach of Regulation 25/2003 which requires members to have professional liability coverage for all areas of their practice. Before he began to counter-sign prescriptions for American patients, Dr. Silagy contacted CMPA and was told that CMPA would not provide coverage if an American patient sued in the United States. Dr. Silagy nevertheless elected to proceed, and thereby violated Regulation 25/03.

3. From October 30, 2002 to August 27, 2003, Dr. Silagy had an arrangement with one pharmacy whereby he counter-signed prescriptions for patients in the United States only when the patient had signed a document which contained the following terms:

   "The Client releases and discharges The Providers, and all of their officers and directors, agents, and employees from any and all liability, claims or causes of action with respect to the use or application of the Ordered Product by the Client, including but not limited to undesired side effects.

   The Client confirms the release in the preceding paragraph also benefits and protects any Canadian Physician retained by the Providers to lawfully issue the prescription in Canada as directed by the Client's Doctor."

   The Panel received an opinion from a consultant that requiring a patient to sign a waiver in advance of providing the service is an abuse of the inherent imbalance of power in the physician/patient relationship and exploits the patient to the physician's advantage. (see Article 2 of the Code of Conduct) The consultant also opined that the physician was unaware of what, if any, information the patient had been provided with respect to the medication and therefore the Code's requirement of informed consent as between the physician and the patient had not been met. (see Article 12 of the Code) Given that the arrangement involved these breaches of the Code by the physician as well as a breach of Article 1 (failing to consider first the well-being of the patient), by agreeing to participate in the scheme with the pharmacy, the physician was entering an arrangement in which he was unable to maintain his integrity, and thereby breached Article 45 of the Code.

4. In contravention of Article 29 By-Law No. 1 of the College, Dr. Silagy failed to maintain appropriate clinical records with respect to the patients for whom he counter-signed prescriptions. For some patients, he had only the prescription or the pharmacy's typed version of the prescription as his patient record.

   The Panel accepted that it is serious misconduct for Dr. Silagy to have counter-signed prescriptions in disregard of Statement 805, particularly in the context of the discussion he had with the Registrar wherein he stated that he would not counter-sign in the future. The Panel noted that Dr. Silagy had also practiced without liability insurance covering all areas of his practice, participated in an arrangement whereby patients were required to sign releases of rights before getting service and failed to maintain proper medical records with respect to these patients. To his credit, the Panel noted that Dr. Silagy had no prior record with the College, had pled guilty and had cooperated fully in the investigation and Inquiry processes.

THE PENALTY:

Considering all of the circumstances and comparing those circumstances to other similar cases in the past, the Panel accepted a joint recommendation that there be a reprimand and a fine of $10,000.00. Dr. Silagy is also required to pay the costs in the sum of $4,190.90.

Notices, etc…

Notice of Semiannual Council Meeting

The Semiannual Meeting of the College of Physicians and Surgeons of Manitoba will be held on Wednesday, November 17, 2004 at the Clarion Hotel beginning at 9:00 a.m. Members of the College who are interested in attending the meeting as observers are asked to notify the College at 774-4344 for registration. Registration is necessary because seating is limited.

Changes of Address

Occasionally a doctor has failed to receive communications from the College because of a change of address which has not been given to us. All members notify the College, even by telephone, of any change of address so that communications can be kept open. Please note that the College Bylaws require notification within 15 days. The College cannot be responsible for failure to communicate to registrants who have not notified us of address changes, or the results of such failures.

Fluoroscopy Course for Non-Radiologists

All non-radiologists who use fluoroscopy as part of their practice or who are present during fluoroscopic procedures **must be certified.**

A registry of those who have completed the training session is kept at the College of Physicians and Surgeons and only the individuals listed in the registry will be given the necessary hospital privileges.

The next training session will be held on September 23, 2004 at 4:00 p.m**.** at the Health Sciences Centre, Room GG147. For further information or to register, call Lynn Savoie, Department of Radiology, HSC, 787-1328 or lsavoie@hsc.mb.caT.

Need Assistance?

PHYSICIANS AT RISK
Phone 237-8320
(24 hours)

Bug Day 2004

Theatre A and C, U of M, School of Medicine Basic Medical Sciences Building, 730 William Avenue Winnipeg, Manitoba

Tuesday, October 19, 2004

Bug Day is a daylong academic program focussing on issues in infection prevention and control and public health. Pre-registration is not required, and admission is free. Bug Day has received accreditation from the Royal College of Physicians and Surgeons of Canada, The College of Family Physicians and the Manitoba Pharmaceutical Association.

This year, topics will include the following:

- Fundamentals of infection prevention and control in healthcare
- Pandemic influenza
- Immunization of healthcare workers
- Personal protective equipment for healthcare workers
- Environmental mold disease
- Tuberculosis
- Laboratory utilization
- Herpes simplex virus infections
- Pediatric respiratory infections
- Community acquired viral gastrointestinal infection

For further information, contact Judy McLeod at 787-3012.

Approved Billing Procedure

When physicians wish to recruit a colleague to carry out the practice of medicine in their place and bill in their names, the College must be advised ***in advance*** and approve the specific time interval. Only when written approval is received may a physician act in place of another. Without written approval as a locum tenens, one physician may replace another, but must act and bill independently.

Moving? Retiring?

If you are leaving the province or retiring from practice, the By-law requires that you advise where your records will be stored, so that we may note it on your file and advise interested parties.

By-Law #1 requires that any member who has not practised in the province for a period in excess of two years without the permission of Council shall, in accordance with section 16(1) of The Medical Act, be struck from the Register. The effective date of erasure shall be two years after that member's cessation of practice.

Officers and Councillors 2004-2005

President:	*Dr. M. Roy*
President Elect:	*Dr. R. Graham*
Past President	*Dr. S. Kredentser*
Treasurer	*Dr. A. Arneja*
Investigation Chairman:	*Dr. L. Antonissen*
Registrar:	*Dr. W. Pope*
Deputy Registrar:	*Dr. T. Babick*
Assistant Registrar:	*Ms. D. Kelly*
Chair of Council:	*Dr. M. Roy*

Term expiring June 2006

Central Plains	*Dr. L. Antonissen, Portage*
Interlake	*Dr. C. Chapnick, Gimli*
Interlake	*Dr. R. Graham, Selkirk*
Northman	*Dr. K. Sethi, Flin Flon*
Parklands	*Dr. D. O'Hagan, Ste.Rose*
Winnipeg	*Dr. A. Alvi*
	Dr. N. Goldberg
	Dr. J. James
	Dr. A. MacDiarmid
	Dr. S. Sharma
	Dr. R. Onotera
	Dr. K. Saunders
	Dr. S. Sharma
	Dr. E. Stearns
	Dr. R. Suss
University of Manitoba	*Dr. R. Danzinger*
Public Councillor	*Mr. W. Shead*
Public Councillor	*Ms. S. Hrynyk*

Term expiring June 2008

Brandon	*Dr. B. MacKalski*
Eastman	*Dr. B. Kowaluk, Oakbank*
Northman	*Dr. N. Nwebube, Thompson*
Westman	*Dr. S. Chapman, Neepawa*
Winnipeg	*Dr. A. Arneja*
	Dr. H. Domke
	Dr. S. Kredentser
	Dr. R. Lotocki
	Dr. W. Manishen
	Dr. J. Ritchie
	Dr. M. Singer
University of Manitoba	*Dean D. Sandham*
Public Councillor	*Mr. R. Toews*
Public Councillor	*Mr. W. Crawford*
Clinical Assistant Register	*Dr.F. Al-Mohammedi*