



# College Notes

*The College of Physicians and Surgeons of Prince Edward Island*

*Spring 2016*

## *Dear Colleagues:*

The College office staff is pleased to issue the Spring edition of our *College Notes* as a means of communication with our members. This Newsletter provides a brief summary on some topics that we feel are important.

## *Our Council members for 2016*

- ❖ Dr. Chris Stewart, President
- ❖ Dr. Gary MacLean, Vice President
- ❖ Dr. Anne Drysdale, Acting Registrar
- ❖ Dr. Aaron Sibley, appointed by Government
- ❖ Dr. Jean-Yves Dubois
- ❖ Dr. Rachel Kassner
- ❖ Dr. Garth Slysz
- ❖ Mr. Neil Robinson, Lay member appointed by Government
- ❖ Ms. Barb Currie, Lay member appointed by Government

## *The Office Staff:*

Dr. Cyril Moyses, Registrar  
Dr. Geraldine Johnston, Deputy Registrar  
Melissa MacDonald, Office Manager  
Sherry Glass, Administration Support

## **New Policies**

New and revised Policies and other documents are continually added to the website once approved by Council. Please regularly check our website ([www.cpspei.ca](http://www.cpspei.ca)). Since our last newsletter we have added the following policies:

- 1). Naming a Professional Corporation (November, 2015)
- 2). Language Proficiency (December, 2015)
- 3). Continuity of Care (February, 2016)
- 4). Conscientious Objection to Provision of Service (February, 2016)
- 5). Medical Assistance in Dying (May 9, 2016)
- 6.) Guideline - Physician Obligation regarding Medical Assistance in Dying (May 9, 2016)

## **News**

### **1). Medical Assistance in Dying**

In February, 2015 the Supreme Court of Canada ruled unanimously that competent adults with grievous and irremediable medical conditions that cause enduring suffering that is intolerable to the individuals in the circumstances of their condition, have the right to ask a doctor to help them die. The basis for this ruling was that sections of the Criminal Code unjustifiably infringe on the Canadian Charter of Rights and Freedoms prohibiting medical assistance in dying. The section of the criminal code banning medical assistance in dying was declared invalid to be struck down in 12 months (Feb 2016), unless federal and provincial governments amended legislation in response.

On January 15, 2016, the Supreme Court of Canada extended this deadline for six months, until June 6, 2016, giving the federal government additional time to consider the necessary amendments to the law. During this time, or until new legislation is passed, those who wish to seek medical assistance in dying may apply to the court in their jurisdiction for an exemption from the current law prohibiting medical assistance in dying. Without such an exemption, it remains illegal for anyone, including physicians, to counsel, aid or abets a person to commit suicide.

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On April 14, 2016 the Federal Government tabled new legislation, Bill C-14, on medical assistance in dying. If passed, it states that to be eligible the person must be eligible for health services funded by a government in Canada and at least 18 years of age, and that the person's natural death has to be reasonably foreseeable, without a necessary prognosis as to the specific length of time they have remaining. Further significant changes/requirements may be made before it is passed, and there could be additional requirements with new provincial legislation whenever it is drafted and passed.

Bill C-14, has a number of proposed criminal offenses with prison terms for physicians (and others), if they do not comply with these sections of this legislation. Physicians should familiarize themselves with the proposed bill and the possible consequences of an offense under this legislation. [http://www.parl.gc.ca/content/hoc/Bills/421/Government/C-14/C-14\\_1/C-14\\_1.PDF](http://www.parl.gc.ca/content/hoc/Bills/421/Government/C-14/C-14_1/C-14_1.PDF)

In May, 2014, Quebec became the first Canadian province to adopt 'right to die' legislation in Bill 52, an act respecting End-of-life care. This legislation came into effect on Dec 10, 2015.

The CMA previously revised its policy on Euthanasia and Assisted Death in 2015, and has recently developed an implementation framework for assisted dying in a document: "*Principles-based Recommendations for a Canadian Approach to Assisted Dying*" (Jan, 2016). Members are advised to review these documents in preparation for the new physician assisted death legislation.

There continues to be ongoing discussions on medical assistance in dying by such national bodies as FMRAC, CMA and CMPA. Across Canada, the Medical Regulatory Authorities are developing policies and guidance documents for physicians on medical assistance in dying. Provincial governments are discussing and preparing new legislation while provincial health departments are also developing policies and protocols for medical assistance in dying.

FMRAC previously created an Advisory Group on Physician-assisted Dying, AGPAD, chaired by Dr. Yves Robert, Collège des médecins du Québec. This group has developed a pan-Canadian guideline document identifying issues that should be addressed by all provincial and territorial MRAs in their duty to guide physicians through this complex and difficult area of practice. This document can be found at <http://fmrac.ca/fmrac-guidance-document-physician-assisted-dying/>. Our College has drafted a Policy on Medical Assistance in Dying, and this new policy was discussed by the membership at a special meeting on January 25, 2016. Our policy, "*Medical Assistance in Dying*", which will be a document in continual revision until legislation has been finalized, has been posted on our website [www.cpspei.ca](http://www.cpspei.ca).

## **2). PEI College of Pharmacists**

In January, 2016, a meeting was held between the CPSPEI and the College of Pharmacists, with Dr. Geraldine Johnston and Ms. Michelle Wyand in attendance. The Pharmacy Board is currently hoping to have legislation passed on how fentanyl patches are issued, in the hope of ending fentanyl patch diversion. Apparently this is a significant problem in some areas of the province, particularly at the western end of the island.

They are proposing a fentanyl patch return program for the province. Though no formal fentanyl patch return program exists at this time, physicians are asked to write or stamp on their fentanyl prescriptions '**must return patch**'. In this way, a new patch will not be dispensed unless the old used patch is returned. Patients should also be instructed that any unused patches should be returned to the pharmacy. The Council of the CPSPEI is supportive of the Pharmacy Board in their initiative to do this fentanyl patch return program on PEI.

## **Professional Issues / Education**

### **1). CFPC Alternate Route to Certification**

The deadline for registration for the Alternate Route to Certification in Family Medicine ended on Dec 31, 2015. Some family physicians who trained and certified in certain jurisdictions outside of Canada may have their training and certification recognized by the CFPC and be awarded CFPC certification. These physicians are advised to contact the CFPC regarding this recognition and certification.

### **2). Canadian Adverse Reaction Newsletter**

- Publications re Adverse reactions to pharmaceuticals can be found at: <http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/index-eng.php>
- Recent review articles: Finasteride and suicidality, Pseudoephedrine and ischemic colitis, Vaccine safety
- Recent Monograph Updates: Optiray, Galexos, Piperacillin/Tazobactam and Piperacillin

### **3). CMPA Publications**

Important articles in the CMPA Perspective publications for all to read include:

- December, 2015*
- 1). Physicians should avoid treating family, friends, themselves
  - 2). Conflict between physicians and what can be done about it
  - 3). Fitness to drive. When do physicians have a duty to report?
- March, 2016*
- 1). Medical-legal implications when using restraints

- 2). The aging physician: Maintaining competence and practicing safely
- 3). Completing medical certificates of death: Who's responsible
- 4). Documentation should summarize, but needn't be exhaustive

We wish to remind members of the CMPA article "*Conscientious objection to physician-assisted dying: Protecting Charter rights*", originally published June 2015 / Revised December, 2015.

#### 4.) Sick Notes

The CPSPEI office recently received a complaint from an employer regarding a sick note for work written by the physician. The employer was not happy with the comment from the physician that although the employee was not capable of working in the current job, the employee was capable of working in any other job. A complaint of this nature cannot be processed, as the physician is unable to reply to it without the patient's consent.

In writing sick notes, physicians are advised to always assess the patient for true disability, make a diagnosis and **be convinced of the disability**. When possible, the physician should recommend appropriate alternate work duties or alternate employment if the patient is not totally disabled. You may consider seeking clarification from the employer regarding what the patient's job demands. **Estimate a fair period of disability** based on medical diagnosis and expected recovery time. Be careful to **limit your opinion to your area of expertise**. Be cautious in cases where the patient advises you what they think their time off should be. Be as **objective and truthful** as possible. Do not allow your friendly relationship to the patient to lower your standards. If the patient disagrees with your assessment of disability, have a frank discussion with the patient prior to releasing the sick note. Consider asking the patient for a **written signed consent for release of information** in the sick note. Keep a copy of the sick note you have written in the patient's chart.

Never accept telephone information regarding an illness for the purposes of issuing a sick note. When a patient comes in looking for a sick note after the illness has ended, inform the employer that the patient advised you of their illness, but was not seen or examined for the illness. After you have written the sick note, look at it and ask yourself: is this true and factual? Is it objective? Is this my own first hand knowledge? Can I vouch under oath that what I wrote is true?

#### 5.) CPSO Consultation on Scope of Practice

The College of Physicians and Surgeons of Ontario (CPSO) is undertaking a broad physician consultation on scope of practice. As part of this consultation, CPSO will be reviewing the expectations set out in its Changing Scope of Practice Policy and will also be looking at the concept of scope of practice more broadly in order to obtain feedback for work related to scope of practice occurring at the national level. CPSO is inviting feedback from all stakeholders, including members of the medical profession, the public, health system organizations, and other health professionals to provide feedback on the topic of scope of practice. To ensure transparency, the CPSO will post consultation feedback on their website (without posting names of individual participants). Please feel free to visit the CPSO website for further details <http://www.cpso.on.ca/Policies-and-Publications/Consultations>.

### **Extended Relationships**

#### 1). Federation of Medical Regulatory Authorities of Canada (FMRAC)

The FMRAC AGM will be held June 11-13, 2016 in Banff, Alberta. The theme of this year's meeting is "Unraveling the Knot: Medical Regulation and the Opioid Crisis" & "Medical Aid in Dying-the Role of the Medical Regulatory Authorities".

#### 2). Medical Council of Canada (MCC)

The MCC AGM 2016 will be held in Ottawa on September 11-13.

#### 3). International Association of Medical Regulatory Authorities (IAMRA)

The biennial 12<sup>th</sup> IAMRA Conference on Medical Regulation will be held September 20-23, 2016 in Melbourne, Australia.

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*Please look after your own health & well-being.*

*Healthy & happy physicians look after their patients competently and with compassion.*