College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

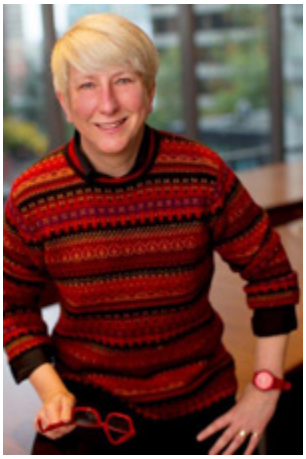
The College Connector

Volume 1 | No. 2 (September/October 2013)

In this issue:

The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to communications@cpsbc.ca.

Registrar's message



The story which aired recently on CBC alleging inappropriate prescribing and dispensing of OxyContin® serves as a reminder to all physicians about the importance of safe and effective prescribing of controlled substances. See "Pharmacies, doctors fail to stop narcotic shopping spree."

Public protection begins with the principal precept of medical ethics, *primum non nocere* – first do no harm. As prescribers, physicians must always consider the possible harm that might result whenever a prescription is issued. Although potent opiates such as morphine, oxycodone, hydromorphone, and fentanyl have tremendous therapeutic effects, their use can also be associated with misuse, abuse and diversion. Current medical literature is full of reports of the harm and death caused by the use of these medications, especially if used in combination with a sedative hypnotic medication.

Previous editions of the *College Connector* (and its predecessor, the *College Quarterly*) have highlighted strategies for the safe and effective use of opioids for chronic non-cancer pain. The CBC story identified some patient-specific behaviours, which may be a flag that a patient is misusing controlled substances. Often, it starts with the CareCard. While steps are under way within the Ministry of Health to improve the security of the CareCard, including the addition of photographic identification, physicians should be conducting their own checks already to minimize abuse, such as asking to see a secondary piece of identification for all new patients. Physicians have an obligation to be vigilant with patients they suspect may be "doctor shopping" or attempting to obtain prescriptions for controlled substances from multiple physicians.

The College is quite clear on the standards expected of physicians who provide community-based primary care services. Regardless of the setting, these standards for quality of care must not vary. Even at a walk-in clinic, a thorough evaluation of a patient's presenting complaints and needs is required, which includes conducting a review of the PharmaNet database when dealing with patients who require prescriptions for controlled substances. In fact, the use of PharmaNet is mandatory for physicians who work in transient care settings, as is the creation of a longitudinal medical record for a patient who attends the clinic on three or more occasions.

Physicians who are not familiar with these expectations should review the following College standards:

- Walk-in Clinics – Standard of Care
- Primary Care Multi-physician Clinics

Physicians may also be interested in the following resources:

- Prescribing Principles
- Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-cancer Pain
- First Do No Harm: Responding to Canada's Prescription Drug Crisis

This is also a timely opportunity to remind physicians to safeguard their duplicate prescription pad. Lost or stolen duplicate prescription pads should be promptly reported to the College. A stolen duplicate prescription pad used to fraudulently obtain potent opioids is literally worth its weight in gold.

H.M. Oetter, MD
Registrar

We hope registrants and other readers enjoy this new method of receiving College news. We welcome your feedback.

Back to table of contents »

Our purpose, your safety

British Columbia's 23 health regulators have collaborated on the development of an awareness campaign to deliver an important public message about the role of professional self-regulation. The campaign is designed to raise the public's awareness about which health professions are regulated, why it is important to check the credentials and ensure that the health professional they choose to see is regulated, and inform them what can be done if they have concerns about the care they receive.

The campaign will launch on September 16, 2013; the first phase will run for 12 months. Elements of the campaign include transit shelter ads, articles and ads in community papers, television closed-captioning messages, and the launch of a new website (live on September 16 at www.bchealthregulators.ca). Materials will be delivered in English, French, Spanish, Cantonese/Mandarin, Punjabi, Korean, Vietnamese, Tagalog, and Farsi.

Back to table of contents »

Updates from the Prescription Review Program

Chloral hydrate should no longer be used as a sedative hypnotic

In the past several years the Office of the Chief Coroner has asked the College to review four patient deaths associated in part with the use of chloral hydrate as a sedative hypnotic.

Standard drug references[1] and published case reports[2] characterize chloral hydrate as an archaic drug. Tolerance to its hypnotic effect develops rapidly and its therapeutic index is very narrow, especially when combined with alcohol and other sedating drugs. Safer, more effective alternatives exist.

Some physicians appear to underestimate the risk associated with this agent. That may be because it has been used extensively for preoperative sedation in children. The difference, of course, is that preoperative patients are closely monitored.

More generally, physicians are reminded that sedative hypnotics should be used selectively. They are mostly approved and recommended for short-term use only. Sedative hypnotics should not be combined with opioid analgesics. Patients receiving opioids should be advised not to take sleeping medication and vice versa. Abstinence from alcohol is also important.

Many patients overvalue their sleeping pills, ascribing more benefit to them than seems realistic. This is an area of significant challenge in clinical practice. In circumstances where you believe the use of sedative hypnotics is not appropriate, you may wish to bolster your case by citing the unexpected results of a recent study in *BMJ Open*, which found an association between their use, even occasionally, and patient mortality.[3] The difference was not trivial—roughly threefold. Association does not prove cause-and-effect, but much of what we do in medical practice is informed by similar evidence.

Back to table of contents »

[1] Fleming JAE. Psychiatric Disorders: Insomnia. In: Therapeutic choices [Internet]. Ottawa (ON) : Canadian Pharmacists Association; 2012 [cited 6 Sept 2013]. [about 8 p.]. Available from: https://www.cpsbc.ca/library/search-materials/point-of-care-drug-tools by clicking on e-Therapeutics+, then clicking on Therapeutic Choices, and searching for the word Insomnia.Login required.

[2] Frankland A, Robinson MJ. Fatal chloral hydrate overdoses: unnecessary tragedies. Can J Psychiatry. 2001 Oct;46(8):763-4.

[3] Kripke DF, Langer RD, Kline LE. Hypnotics' association with mortality or cancer: a matched cohort study. BMJ Open. 2012 Feb 27;2(1):e000850. doi: 10.1136/bmjopen-2012-000850.

Important message for ophthalmologists about cataract surgery

Complaints are common about cataract surgery – CMPA and College have similar findings

The Canadian Medical Protective Association (CMPA) recently conducted a review of the complaints and litigation experience of its ophthalmologist members. The CMPA found that patient complaints mainly allege

- inadequate assessment, and
- lack of informed consent.

Cataract surgery was the most frequent clinical context.

The College urges all BC ophthalmologists to carefully review the CMPA findings which helpfully summarize the expected standard of care. These findings mirror the College experience.

In the above-referenced article, CMPA peer experts emphasize the importance of "… detailed, clear, and legible documentation of the medical and ophthalmic history…" and of assessment findings. Too often the record submitted to the College consists mostly of specialized ophthalmological shorthand, with little or no narrative detail. Records such as these provide no assistance to surgeons in defending their actions. The College Bylaws mandate a record detailing why the patient came, what was found, and what was done for every encounter. This is also an expectation of the courts.

The record of the consent discussion should authentically describe a conversation with the patient. The CMPA peer experts advise that this should include an opportunity for the patient to ask questions of the ophthalmologist. It is not acceptable to delegate the consent discussion to staff. Print materials, including signed consent forms specific to the procedure, may be a useful supplement, but not a substitute for a discussion with the surgeon.

Finally, the CMPA peer experts emphasize the importance of ensuring patients have realistic expectations. A common source of College complaints is a misperception on the part of patients that they will not require corrective lenses after cataract surgery. This is so common that the College suggests making a specific record of having advised that the patient "may still need to wear glasses" in every instance.

Two other issues frequently arise in College investigations of cataract complaints:

1. Whether the manner in which fees are administered for services considered to be "non-insured" by the ophthalmologist meets expectations set out in section 16 of the *Code of Ethics*, which states:

   In determining professional fees to patients for non-insured services, consider both the nature of the service provided and the ability of the patient to pay, and be prepared to discuss the fee with the patient.

2. Whether the elderly patient had the capacity to consent to the proposed surgery. Another CMPA article entitled "Is this patient capable of consenting" may be a very useful resource to registrants.

Back to table of contents »

CME events: mark your calendars

The complete physician: anachronism or imperative – 2013 Education Day
Friday, September 20, 2013

Excellent physicians require in-depth biomedical skill and knowledge, but optimal patient outcomes depend on the acquisition and application of other critical attributes as well. In this era, excellent physicians are also effective communicators, collaborators, managers, health advocates and scholars. Join colleagues at the 2013 Education Day to explore these and other attributes of the complete physician in the twenty-first century. The program includes plenary sessions, case studies and interactive workshops for an all-encompassing educational experience.

- More information on the program and presenters
- Register now

Methadone prescribing workshops
Friday, October 18, 2013 – Methadone 201
Saturday, October 19, 2013 – Methadone 101/Hospitalist

These workshops prepare physicians for using methadone to treat opioid dependence.

- More information for Methadone 101/Hospitalist
- More information for Methadone 201

Professional Boundaries in the Physician-Patient Relationship
Friday, October 25 to Saturday, October 26, 2013

This is an interactive educational workshop on understanding and adhering to boundaries in medical practice. Discussion topics include the principles of professionalism, distinguishing between boundary crossings and boundary violations, and identifying preventive measures to help avoid violations in the physician-patient relationship.

- More information on the program
- Register now

Prescribers course
Friday, November 29, 2013

Talking to patients in realistic terms about the risks and benefits that attend the use of opioids, benzodiazepines and other potentially habituating medications can be challenging for even the most seasoned practitioner. Participants in this intensive course will learn new approaches, primarily though interview simulations in small groups, supported by sympathetic, experienced, clinical teachers.

- More information on the program

Medical record keeping workshop
Wednesday, February 19, 2014
Wednesday, May 14, 2014
Wednesday, August 27, 2014
Wednesday, November 5, 2014

This course is primarily directed at family/general practitioners and other physicians providing primary care. The course is delivered in an interactive format using real case examples and simulated patient encounters to demonstrate the practice of effective clinical record keeping.

- Register now

Pain and Suffering Symposium
Friday, March 7 to Saturday, March 8, 2014

The 27th annual Pain and Suffering Symposium is presented by the Foundation for Medical Excellence in cooperation with the College of Physicians and Surgeons of British Columbia. This course is designed to assist clinicians in managing the most challenging of pain patient; patients with complex chronic pain.

- More information on the program
- Register now online or on page 4 of the brochure

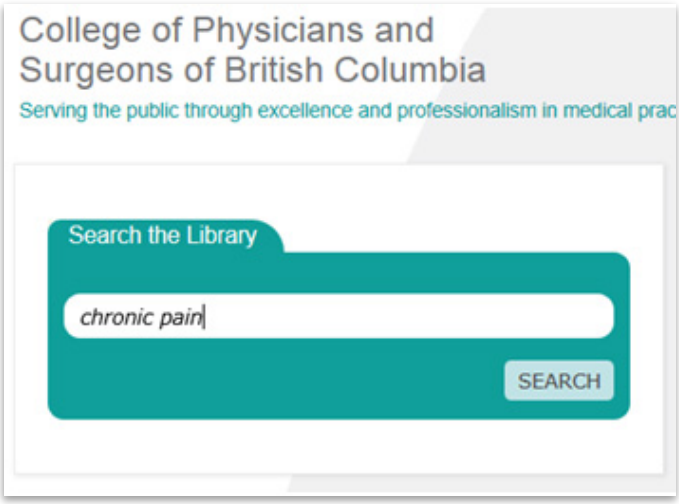
Back to table of contents »

Discover evidence quickly at the library

The College library has a new online search tool that enables you to find articles, print and electronic books, and other resources with just one search box. Powered by EBSCO Discovery Service, the search box on the library page uses cloud technology to rapidly search millions of items at once and display the results in a single list. Here's how to get started:

1. Enter your search at https://www.cpsbc.ca/library

   On the library page, enter your search terms in the search box and click on **Search**. If you want to search for a phrase, enclose your words in quotation marks (e.g. “chronic pain”).

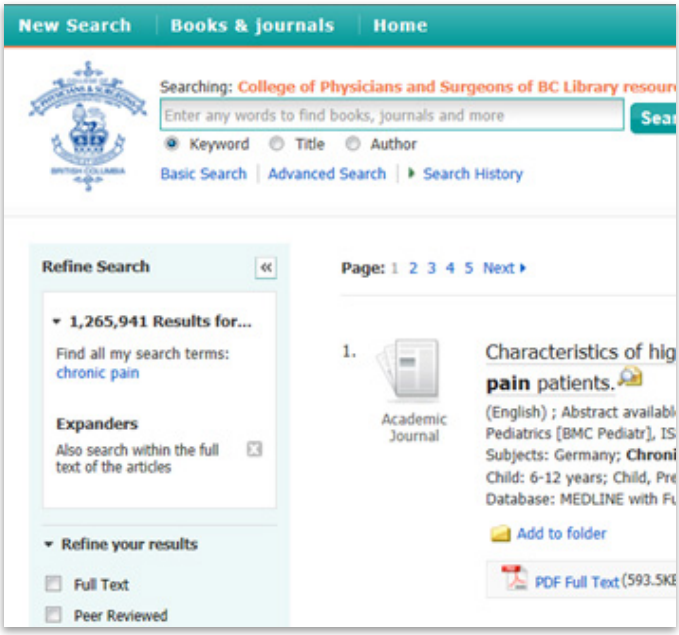


2. Limit Your Results

   Results are pulled from numerous databases and the library catalogue so the number of results can be very large. Brief records are initially displayed, including links to full text where available. You can **refine your results** by using the options on the left.

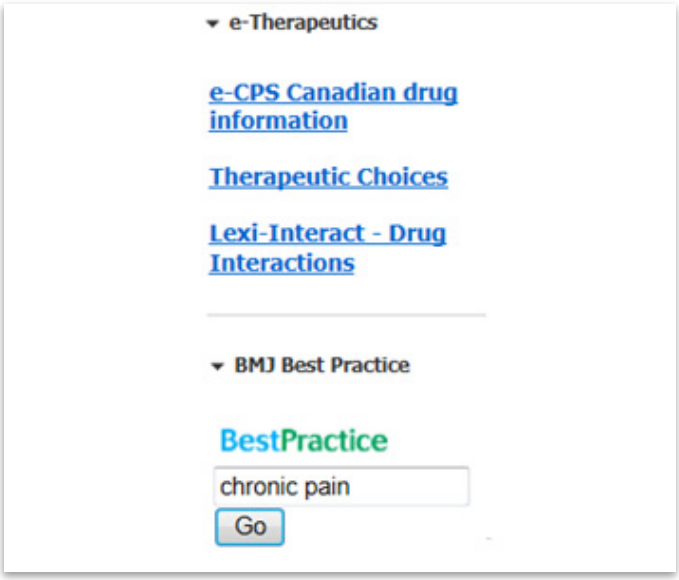
   Some useful ways to limit and refine your search:
   - full text
   - books or articles
   - date range

   Or, try another search with more search terms (e.g. chronic pain neck treatment).



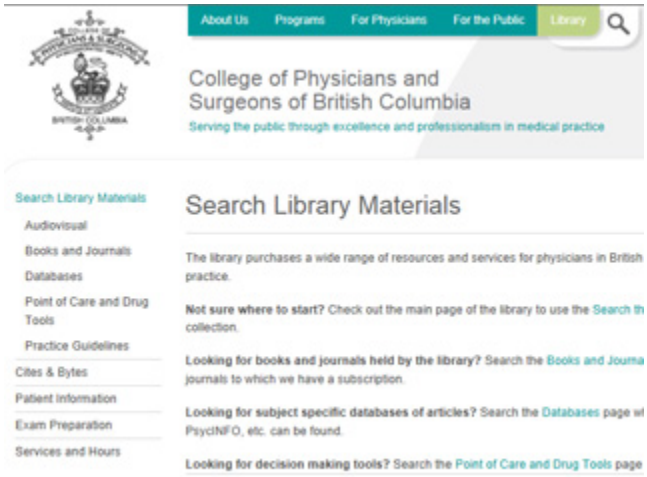
3. Explore other clinically relevant resources

   From the right-hand column, additional library sources external to the Discovery platform are available:
   - direct links to drug and therapeutics information and a drug interaction checker from **e-Therapeutics+**
   - find clinically important information in the point of care tool **Best Practice**, and the systematic review source, **Clinical Evidence**
   - locate drug information for mental health care in **Clinical Handbook of Psychotropic Drugs Online**



4. Use other tools for more structured searches

   For focused searches in specific databases, point of care tools, drug resources, e-books, or the catalogue, just go to **Search Library Materials** on the left hand column of any library web page and select a resource.



   College librarians are available to send articles and bibliographies to library patrons on any question that arise in clinical practice. Please contact the College library online or phone 604-733-6671 to speak directly with a College librarian.

Back to table of contents »