reveals "great confusion" about care of the terminally ill. "Doctors have to stop thinking that because there is a therapeutic component to [a] drug, that [is] justification for allowing the person to die with dignity," he says. "It may be very difficult to find a prosecutor who will prosecute a doctor who is giving a morphine drip, but the bottom line is exactly the same. I don't believe doctors should be charged, but if you believe in dying with dignity and dying in comfort, there has to be a set of rules for doctors to follow."

Pink stressed that Mills' death is not a case of euthanasia or assisted suicide:

Dr. Hugh Devitt: discussion needed

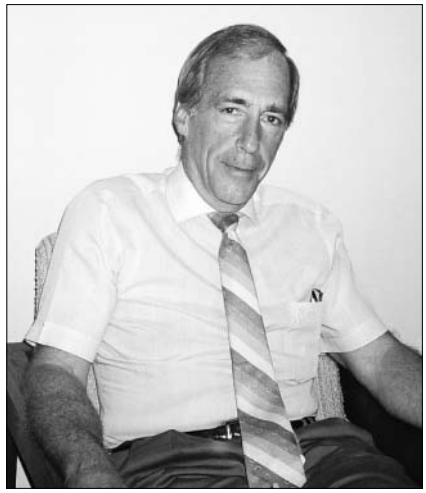
"What this was is nothing more than a doctor making a judgement call that this person should be dying in comfort."

Morrison isn't the first Canadian physician to face this type of criminal charge. In 1993 Timmins, Ont., general surgeon Alberto De La Rocha was charged with second-degree murder after a cancer patient received a potassium-chloride injection. He pleaded guilty to administering a noxious substance, received a suspended sentence and lost his medical licence for 90 days. In Toronto, Dr. Maurice Genereux is awaiting a preliminary hearing on a charge of assisting in the suicide of an HIV-positive pa-

Morrison case raises questions for coroners, medical board

Nova Scotia's chief medical examiner says the Queen Elizabeth II Health Sciences Centre (QE II) shirked its responsibility by failing to report the death of patient Paul Mills to outside authorities.

Hospital personnel did not inform the coroner because the province's Fatality Inquiries Act does not require anyone but peace officers to report suspicious deaths. "The issue of whether the death is notifiable begs the question, 'What about their responsibility under the Criminal Code and what kind of notification does that require by persons in the community when they are aware a crime [may have] been committed?' " says Dr. John Butt, who intends to revise the Nova Scotia statute. "Hospitals are expected to direct their concerns about suspicious issues . . . to the police."



Dr. John Ruedy: A case for the coroner?

After a peer review of Morrison's alleged treatment of Mills, senior physicians suspended her from the Critical Care Unit (CCU) for 3 months. Several of her colleagues later expressed concern to the CCU head and an administrator about her pending return to the unit and the decision not to inform appropriate authorities.

The hospital did not notify the coroner or police nor did it go to the provincial medical board, even though the Nova Scotia Medical Act stipulates that any suspension of privileges exceeding 2 weeks must be reported. (The board is now reviewing the case.)

Morrison ultimately resigned from the CCU "to achieve more of a balance between work and my private life," she told the *Toronto Star*. In an Apr. 17 memo CCU head Dr. Richard Hall, who had sought legal advice on the obligation to report Mills' death to the coroner, asked unit staff to keep quiet about details surrounding her departure, but he was too late. QE II respirologist Arthur Macneil, citing a heavy conscience, had already gone to the police.

When nearly 40 police officers descended on the QE II May 6, they conducted 19 searches at the hospital, which encompasses several buildings, and took copies of computer records and patient files. About 5 of those officers arrested and guarded Morrison, who was in her office going over laboratory results and preparing for rounds.

The police actions sparked a formal complaint from a physician at the IWK-Grace Health Centre, which is next door, and a commentary in a local newspaper by Halifax otolaryngologist David Kirkpatrick, an outspoken critic of the "overreaction" by police and the Crown prosecutor.

"It shouldn't have gone to police yet," says Kirkpatrick. "Physicians see the police action as an intrusion into the realm of medical practice. If a physician is unhappy about a colleague, the avenue is clear: go to the provincial medical board and lay a complaint."

Kirkpatrick says the coroner has been "underutilized in this whole process," but thinks the CCU had gone through "a self-cleansing process" and Morrison had

tient. In 1992 a Toronto nurse pleaded guilty to administering a noxious substance after first being charged with first-degree murder. He gave potassium chloride to a dying patient.

"The fact that these types of cases keep occurring means we must have a public discussion," says Dr. Hugh Devitt, president of the Canadian Critical Care Society (CCCS) and assistant director of the Intensive Care Unit at Sunnybrook.

Devitt, who heads Sunnybrook's Department of Anesthesia, says there are moral, ethical and legal issues surrounding Morrison's case. "In many instances there are no absolute answers and the approach to the dying patient is going to be different in each circumstance."

Dr. Philip Hebert: A chill across country?

In June the CCCS endorsed an education and consensus paper that helps intensivists negotiate this slippery terrain. Devitt says the paper, "Withholding or withdrawal of life support", concludes that "the duty of the health care team and the physician is to the patient. Essentially the patient's and patient's family's wishes must be respected."

The secrecy issue

According to media reports, Mills' fam-

already been disciplined. "You can debate whether it should have gone to the next level or whether there should have been a harsher punishment, but the process did work . . . so I don't think there's any evidence that there was a cover-up or that this was sanctioned."

Dr. John Ruedy, dean of medicine at Dalhousie University and a member of the QE II's Board of Directors, learned of Morrison's predicament only a few hours before the arrest. "Due processes were carried out in the institution to a certain point, and the Nova Scotia statute being what it is notifying the coroner wasn't a requirement. I don't think it was an excuse."

Nevertheless, Ruedy says Mills' death should "automatically" have been a coroner's case, as it would have been in other provinces. He adds that many doctors believe Macneil should have reported Morrison to the medical board and that police should have been more discreet.

However, Butt says the hospital missed its "opportunity to have this done another way." He says police actions were understandable because "under the Criminal Code a crime was committed and the hospital failed to notify the police. To the police there's no difference between raiding a hospital and raiding a whorehouse. . . . Is there a different rule for doctors than there is for everyone else?"

Butt says hospitals risk losing public respect when they put privilege ahead of community interest. "I would ask doctors who are critical of Dr. Macneil how they expect institutions to obey the law. Or does the medical profession want to decide which issues are important and not important in the eyes of the Criminal Code?"

In Ontario, Chief Coroner Jim Young says hospitals shouldn't try to handle such cases internally for other reasons. "They run into exactly the problems they did here. They discover that there is no solution. They can neither get unanimity nor can they bring closure."

He says hospitals should bring in independent experts to conduct investigations. "We can perform that function in Ontario because our coroners are medical doctors and we operate in that sphere between doctors and police and Crown attorneys every day."

Young says Ontario's Coroner's Act stipulates that any such case be reported to the Medical Examiner's Office, which would investigate and then turn the case over to police if it is a potential criminal matter. "It is very important to work with the hospital. Don't draw a cloak over it."

Is it in the community interest for these cases to become public? "You can make a strong argument that it's important for the profession to know what's going on and where the guidelines are," he says. "I can also see some reasons why not. It potentially undermines confidence in medicine."

He says initial investigations are best conducted "out of the public glare," but once charges are laid it becomes part of the public record. "Once the press becomes aware, it's different enough and a hot enough topic that you have to assume it will hit the public sphere."

The QE II, it seems, learned this lesson the hard way. Shortly after Morrison's arrest, the hospital commissioned an external review of its handling of the case.

In a report released Aug. 13, the panel that conducted the review said it is unlikely Morrison would have been charged if the QE II had conducted a proper review. "If [the death] had been promptly and openly reported . . . it is likely the whole thing would have been handled differently with different charges," Dr. Charles Wright, who headed the 5-member external-review team, told the *Globe and Mail*.