



Features

Chroniques

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Ontario's kinder, gentler college tries to leave old-boys' image behind

Charlotte Gray

En bref

LE REGISTRAIRE DU COLLÈGE DES MÉDECINS ET CHIRURGIENS DE L'ONTARIO, arrivé en poste depuis relativement peu, s'efforce de rendre l'organisme plus sensible aux besoins des médecins et des patients. Or, nous dit Charlotte Gray, la tâche n'est pas toujours facile.

Many physicians turn straight to the back of the book when *Members' Dialogue*, the official publication of the College of Physicians and Surgeons of Ontario, arrives. That's where they find the summaries of cases handled by the college's Discipline Committee and there is, of course, a ghoulish, walk-in-the-graveyard fascination with these pages.

Readers share a voyeuristic horror at the thought of a fellow physician, perhaps a classmate, either facing a fine or losing a licence and, with it, a livelihood. "Without a doubt, one publication that I dread ever finding my name in is the Discipline Committee section of *Members' Dialogue*," wrote one reader. Another admitted that he frequently "shuddered as I mumbled to myself, 'There but for the grace of God...'"

But the vast majority of Ontario physicians have a lot more than the grace of God going for them. As Dr. John Bonn, the registrar, points out, only a fraction of the 4000 to 6000 complaints made to the college each year ever reach the committee stage. Given the 25 000 licensed physicians in the province and the millions of doctor-patient contacts that occur every year, "I am surprised at how few complaints we get."

But the public doesn't always see it that way. In the past decade the number of complaints has soared, and the college responded in the early 1990s by appointing a task force to study sexual misconduct by physicians; it triggered an explosion of complaints from Ontario patients. More recently, with funding cuts squeezing the system, dissatisfaction with service has spilled over into anger at any white-coated professional who doesn't have all the answers.

One of the most sensational allegations involved 7-week-old Madeleine Hunter, who died from dehydration after repeated visits to doctors and hospital emergency rooms (see *CMAJ* 1996;154:246-9). Her parents were outraged when the college ruled that a resident was not at fault for the baby's death. Three months ago, the parents responded by launching a postcard campaign that called on Ontario's minister of health to investigate the college.

In the past, the college has also faced complaints about its lack of transparency and the snail-like pace of its complaint investigations; about 1000 complaints go to the Complaints Committee every year, which decides whether the matter should be referred to the Discipline Committee; only a tiny fraction — 34 complaints — made the trip to the Discipline Committee in 1996.

Bonn is convinced that much of the criticism is unjustified, and since his 1997 appointment as registrar he has made dispelling medicine's poor image his top priority. "Protecting the public . . . guiding the profession" is the mantra of the former chief of the medical staff at Ontario's Belleville General Hospital, who graduated from Queen's University in both medicine and law. Bonn takes every opportunity to present the college's kinder, gentler image to journalists and the public.

He points out that, thanks to Ontario's 1993 Regulated Health Professions Act,



the college is already far less of an old-boys' club than it used to be. Before the act, only 4 of the 26 council members (15%) were nonphysicians. Today the total is 14 of 33 (42%), and "that means we get a lot of public input."

Bonn has put a lot of effort into reorganizing the complaints department to ensure that all cases are resolved within a year. He renamed it Investigations and Resolutions to demonstrate that each case must be resolved rather than endlessly referred to another level. He says few complaints ever reach the Discipline Committee because many have been caused by miscommunication, and college staff can often clear them up by talking to each party. All complaints dealing with breach of trust, sexual abuse or immoral behaviour are automatically referred to the committee.

Although punishment is meted out "if warranted," the college tries "to improve a doctor's performance rather than send him or her to discipline," says Bonn. "Pulling someone out of practice without fixing the problems they are having does not serve the public interest."

As one *Members' Dialogue* correspondent commented, "Mistakes and errors are made frequently because of 'systemic' problems: handling too many patients, working long and fatiguing hours, working late at night, missed messages, delayed investigations, poor communication, etc."

In one respect, however, Bonn's hands are tied. By law, the college cannot comment on how individual complaints are being handled. Like the licensing bodies for most of the other 23 regulated health professions in the province, the college can only make public statements when a case is being formally investigated, and most complaints are resolved through informal mediation. "We all look like idiots when we have to tell reporters, 'No comment,'" says Bonn. "If a complainant goes to the press, we need to be able to acknowledge that we have at least received the complaint."

He is currently talking to health ministry officials to see how the college can defend its credibility without breaching confidentiality requirements. This would give some comfort to physicians, who feel that aggrieved patients often get a free ride in the press while their physicians have no right of reply. Under the Regulated Health Professions Act, the college cannot refuse to investigate any complaint, no matter how "frivolous and vexatious."

But the first half of Bonn's mantra, "protecting the public," takes the college beyond the business of investi-

gating complaints. Like its counterparts in the rest of Canada, the Ontario college is the licensing and regulatory body governing medicine in the province, and Bonn admits that "there is a weak link in our system."

The college relies on physicians to produce their own transcripts and diplomas when they apply to practise, and does not require documents to be sent straight from the educational institution that issued them.

The flaw has been demonstrated dramatically twice in recent months. In the spring, the college discovered that a Michigan man, Dennis Roark, had been granted an educational license in Ontario in late 1995 on the strength of diplomas that were all forgeries. He was a resident for a few months at the University of Western Ontario. Roark's deception was only discovered after a more vigilant institution in the US checked his paper credentials.

The college responded by sending letters to medical schools around the world. Included with the letter was a list of graduates from each school who are registered in Ontario, and the schools were asked to contact the college if any of the names did not match a school's own list. In August a school in the Dominican Republic

did just that, indicating that it had no record of a Hamilton physician named Stephen K. Y. Chung, who has been practising as a family physician in Ontario since obtaining a licence in 1981; his licence has since been withdrawn.

"Mr. Roark was a criminal forger," says Bonn. "We are reviewing all our procedures, but we don't want to penalize legitimate applicants." However, the check concerning Ontario doctors that the college is now running appears to have little sense of urgency. Six months after the letters were sent out, only 400 schools have replied; more than 800 letters were sent.

The alternative medicine issue has also been creating headaches for the college, which is trying to determine its role. More and more Canadians want access to treatments such as acupuncture, homeopathy and naturopathy; one recent poll revealed that 42% of Canadians had used such alternatives alongside or in place of conventional treatments. As well, an increasing number of physicians now offer some of these therapies.

Part of the college's image problem is a perception that it is hostile to unproven, unorthodox therapies and targets practitioners who use complementary medicine. One of the most vocal proponents of this view is Toronto clinical ecologist Jozef Krop; the college has charged Krop, a 1968



Dr. John Bonn: "pulling someone out of practice without fixing the problems they are having does not serve the public interest"

graduate of Krakow University in Poland, with incompetence, conflict of interest and professional misconduct.

Krop has many fans and supporters in both the legislature and consumer groups. Last year, MPP Monte Kwinter introduced a bill that would shield doctors from prosecution for using alternative medicine unless they cause harm; it did not pass.

The college insists that it does not target doctors who offer alternative therapies, and very few have of them have been referred to the Discipline Committee. It responded to criticism in 1996 by forming an ad hoc committee on complementary medicine to look at a variety of tricky issues: how to assess therapies that do not lend themselves to scientific scrutiny and what standards should be applied to the regulation of such practitioners. It then issued a report recommending that patients should have easier access to unorthodox therapies, but that the college should continue to regulate practitioners.

It gave physicians some guidelines. "If one of our licensed doctors chooses to practise alternative medicine," explains Bonn, "that's fine so long as he sticks to the ethical standards and practises as we expect of our physicians. Our concern is those physicians who use the college's licence as a vehicle to get access to patients for their own financial advantage."

The committee report was well received by the press: the college was seen to be moving with the times and taking its duty to protect patients seriously. But the college's own members weren't quite so enthusiastic. In one letter to *Members' Dialogue*, a doctor said the college's report represented "a shameful capitulation to the subversively irrational elements in the profession."

With observations like that, there's little doubt that Bonn will have his hands full in the coming months, as he tries to follow the second half of his mantra — "guiding the profession." ?