



College-generated lawsuits

My heart went out to Drs. Arlene Rosenbloom and Gary Viner after I read your recent article about their experience with a lawsuit.¹ In spite of what they were advised to do by the Canadian Medical Protective Association (CMPA), it would have been just and therapeutic for those physicians to have discussed the case with colleagues, friends and families.

Let me tell you about the only lawsuit I faced in 40 years of practice, most of which was spent in remote and underdoctored areas engaged in the whole spectrum of general practice. It began when a complaint was laid against me regarding my management of a patient with major medical problems who eventually died of cardiac arrest. The complaint was made by the patient's spouse in a letter to the College of Physicians and Surgeons of British Columbia. The college called me to attend an interview with the Quality of Medical Practice Committee, which at the time was chaired by a Vancouver gynecologist.

The meeting was a farce. None of the committee members had worked in an isolated hospital and none had practised without the benefit of having an internist or radiologist on staff. Certainly, none of them was accustomed to working 24-hour shifts in an emergency department. And yet this committee quite easily found itself ready to condemn and criticize a 60-year-old physician who toiled under these conditions.

The college sent a letter to the complainant that was critical of my management, and this proved just the ammunition required to launch a lawsuit. The spouse wrote to the CMPA's legal representative in Vancouver, demanding a \$75 000 settlement in lieu of a malpractice suit that would be supported by the college's letter. This demand was vigorously denied by the CMPA, and the action against me was eventually dropped.

What have I learned from this? Trust the CMPA, not your college. Probably the most disturbing aspect of my experience is that there is no repre-

sentation from rural and isolated communities on college peer-review committees, and this is unlikely to change under present rules concerning college elections.

I feel fortunate to have fulfilled 40 years of medical practice with only a single lawsuit against me, but it still irks me that the college played so great a role in its generation.

Robert G. Holmes, MB
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Reference

1. Cohen L. Code of silence hardest part of being sued, FPs say. *CMAJ* 1999;160(1):97-8.

[The registrar of the BC college responds:]

Dr. Holmes' assertion about lack of representation in college peer reviews is incorrect. He was interviewed by a committee that included practitioners thoroughly familiar with the conditions of practice in remote areas; one had been a GP in Fort St. James, BC, for several years. Also, the deputy registrar who conducted preliminary registration of the complaint had been a GP in Prince George, BC, for 24 years and remains fully cognizant of the practice problems encountered in the surrounding northern, isolated communities. Committee members were sympathetic to Dr. Holmes' heavy workload and resultant stress but, in addition to advising him on that, certain criticisms were expressed. Notifying the complainant of

the committee's opinion is a statutory requirement. Professional self-governance is a privilege granted by the legislature and, in order to maintain public trust, there has to be accountability.

I must disagree when Dr. Holmes advises physicians not to trust their college, apparently because the complainant took the committee's conclusions as sufficient evidence to attempt a malpractice suit. The test should be whether the conclusions of peers were impartial, fair and objectively stated. In the end, any malpractice suit is determined on its own legal merits, not by college opinion, as became evident in this case. I do not take issue with Dr. Holmes' advice that the CMPA can be the physician's greatest ally in facing a complaint — the college is frequently the first to give that advice.

Investigation and adjudication of complaints is complex and difficult. More often than not, one or both of the parties are dissatisfied with the outcome.

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Antibiotic resistance: the agricultural connection

Dr. George G. Khachatourians' article¹ on the agricultural use of antibiotics and the transfer of resistant bacteria and resistance genes is a timely and reasonable summary of this topic.