

# the Messenger

College of Physicians & Surgeons of Alberta

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# 2006 Council

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**Executive Member-at-large** - Ms. Irene Pfeiffer

Council members are available throughout Alberta to answer questions and discuss current issues. E-mail: [council@cpsa.ab.ca](mailto:council@cpsa.ab.ca)

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## the Messenger

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*The College of Physicians & Surgeons of Alberta (CPSA) is responsible for licensing physicians, administering standards of practice and conduct and resolving physician-related complaints. We also provide leadership and direction on issues of importance to the health care system such as access to services, quality improvement, patient safety and privacy.*

# Registrar's Report



## Program Funding

The CPSA has administered the Triplicate Prescription Program (TPP) and a variety of accreditation programs (laboratory, diagnostic imaging, neurophysiology diagnostic testing, pulmonary function, etc.) – in both public and private sectors – for many years.

Recently we were informed by Alberta Health and Wellness (AH&W) that grant funding from the Department to operate these two programs would soon end. The circumstances and rationale for discontinuing funding for these two programs are quite different, but we understand that in both cases AH&W is under significant pressure to reduce spending.

The Triplicate Prescription Program:

- provides drug information to physicians and dentists (similar information is also given to the Yukon Medical Council),
- helps reduce the potential for drug diversion and abuse,
- assists AADAC and other drug rehabilitation programs,
- assists physicians who prescribe methadone, and
- provides information to the College about prescribing of a selection of drugs by our members.

We had long expected that the operation of TPP in its current form would end

once the Pharmaceutical Information Network (PIN) was in position to replace it. We are excited about the possibilities that PIN offers – electronic capture of dispensing information (rather than the current paper-based, manual entry system), more timely information, and the potential for better analysis of the information gathered.

Initially we were told that TPP funding would end December 31, 2006. AH&W has recently confirmed that funding for TPP will continue at present levels to June 30, 2007 or until PIN is fully operational. AH&W funding will reduce after that, but support will continue for TPP pads. We applaud this decision as it allows us and our partners time to prepare for the transition of TPP.

The rationale for stopping grant funding for our accreditation programs in the public sector is that it is more appropriate for Regional Health Authorities (RHA), who are the owners of the facilities undergoing accreditation, to pay for these services. We are actively negotiating agreements with each of the nine RHAs and the Alberta Cancer Board. It is our belief that those negotiations will be successful and the College will continue to operate a full range of accreditation programs in both the public and private sectors. This will ensure all facilities are held to the same high standards for both quality and patient safety.

The initial decision to terminate grant funding caused the College significant concern, especially as these programs exist to monitor quality standards. Such efforts are consistent with the Alberta Government's Health Policy Framework, one goal of which was to establish and monitor standards of care. This is a goal we strongly supported and we are very pleased that both programs will continue.

It is my personal belief that the greatest challenge to our healthcare system is

neither its cost nor a lack of funding but rather our failure to monitor the quality of services provided. While we are now on the right path, much more work needs to be done.

## PAR participation

Since its inception in 1999, the Physician Achievement Review (PAR) Program has successfully surveyed thousands of Alberta physicians, their co-workers, their colleagues and when appropriate, their patients. The feedback provided by PAR helps physicians build on their strengths and identify areas for improvement.

As a result of amendments to the *Medical Profession Act* in 1998, PAR is mandatory for all Alberta physicians, and until recently, 100 per cent of physicians participated. Unfortunately we have two physicians who have refused to participate, despite multiple efforts by the College to convince them otherwise. We now are in the extraordinary situation of issuing 'notices to practitioner' to these physicians, essentially charging them under the *Medical Profession Act*. Let me clarify that these actions are **not** being taken due to PAR results, as the results from PAR cannot be used in any disciplinary action. These physicians are being charged for failing to participate.

We recognize that by taking this step, we are sending a serious message to all physicians. However, I assure you that we have made every effort to come to a mutually agreeable decision with both physicians and have been left with no other recourse.

Dr. Trevor Theman, Registrar  
[ttheman@cpsa.ab.ca](mailto:ttheman@cpsa.ab.ca)

Do you have a question for your Registrar?

Mail your questions and comments to the College office or e-mail:  
[ttheman@cpsa.ab.ca](mailto:ttheman@cpsa.ab.ca)

# Annual re-licensure

**Renewal notices for 2007 will be mailed in mid-October, with a payment due date of December 1, 2006. Payments can be made through the College's Pre-Authorized Payment (PAP) Plan, or by VISA, MasterCard, American Express or cheque.**

Physicians practising in Alberta will also receive a Registration Information Form (RIF) with their renewal fee notice. Information contained in the RIF is essential to maintain the College's physician resource database.

The RIF must also be completed and returned to the College by December 1, 2006 as a condition of licence renewal. Please ensure that you answer all questions on the RIF.

An easy way to pay fees is to enrol in the College's PAP Plan. There are no administrative fees and your renewal payment will automatically be withdrawn from your account on the first business day in December. This process will continue annually unless the College is informed otherwise by the physician. PAP simpli-

fies the renewal process and proper enrolment eliminates the possibility of late payments and subsequent fines.

Complete the PAP enrolment form and return it, along with a VOID cheque, to the College office by Friday, November 3, 2006 in order to set up the automatic withdrawal of the 2007 renewal fee.

## **2007 renewal notices and information on how to access the RIF online will be mailed out in mid-October.**

If you are already enrolled in the PAP Plan but have since changed accounts or banks, please forward a new void cheque to the College by November 3, 2006.

Further questions on the PAP Plan option can be directed to the College's Registration Department at (780) 423-4764, 1-800-320-8624, or e-mail [annualbilling@cpsa.ab.ca](mailto:annualbilling@cpsa.ab.ca).

## **Win your 2007 licence fee!**

- Complete your renewal online; and
- Pay via the PAP Plan, Visa, MasterCard or American Express on or prior to December 1, 2006;
- And you will be entered to WIN!

Names will be drawn on December 15, 2006 and three lucky winners will receive their fee payment back prior to the New Year.

## **American Express**

The College will be offering American Express as another payment option for the fall annual billing period.

Some technical and administrative work needs to be completed before this option becomes active. However, it is anticipated that this payment option will be ready by early fall.

# Ethics 101 scenario

**At your last office staff meeting, the rising cost of rent and overhead was discussed.**

One of your partners mentioned that he had been approached by a large pharmacy chain with an offer of space adjacent to their new pharmacy that is only one block from your current offices. The cost per square foot is half of what you are currently paying and there was a suggestion that the rent could be lowered if the volume of prescriptions from your office were substantial.

Although this offer is very tempting, you have reservations about the potential conflict of interest. One of your partners is

pushing to explore this option. You are wondering if you could manage the conflict by refusing to engage in any reduction in rent based on prescription volume but still take the space at the reduced lease costs.

Another partner feels that this arrangement will compromise her autonomy and feels that it will look as if the office is associated with the pharmacy even if it is not. Everyone agrees that the overhead costs need to be reduced. What is the right thing to do?

Send your comments to Dr. Janet Wright, Assistant Registrar, at [jlwright@cpsa.ab.ca](mailto:jlwright@cpsa.ab.ca) by November 7, 2006.



College of  
Physicians  
& Surgeons  
of Alberta

## Pre-Authorized Payment (PAP) Authorization for Business

Pre-Authorized Debit Plan

### Annual Fee

I hereby authorize the College of Physicians & Surgeons of Alberta (payee) to debit my account (as identified by the attached voided cheque) for the annual College re-licensure fee. This debit shall take place during the month of December each year, for the fee applicable for the following calendar year.

I further authorize increases to this amount, as may be established by the Council of the College.

This authorization may be cancelled at any time upon written notice to the College. Any delivery of this authorization to the College constitutes delivery by me.

**Name (Payor) *print or type*:**

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**College Registration Number:**

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**Signature(s):** (see note 2)

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**Date:**

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**Note:**

1. A sample cheque of the account, marked **VOID**, must be enclosed with this authorization.
2. For a joint account, if more than one signature is required, all signatories must sign this authorization.
3. If this account is closed, it is the responsibility of the physician to notify the College immediately of alternative arrangements for payment of the annual fee.
4. Only Canadian bank accounts are eligible for PAP enrolment.

# Authorization for Business Pre-Authorized Debit Plan

## Terms & Conditions

1. In this Authorization “we”, “us” and “our” refers to the Payor indicated on the reverse hereof.
2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the College of Physicians & Surgeons of Alberta (the “Payee”) indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a “Business PAD”) on our account indicated on our attached void cheque (the “Account”) at the financial institution indicated on our attached void cheque (the “Financial Institution”) and we authorize the Financial Institution to honor and pay such debits. This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and we agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Business PAD.
5. We agree that delivery of this Authorization to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Authorization to the Payee’s financial institution and agree to the disclosure of any information which may be contained in this Authorization to such financial institution.
6. We agree to either waive the requirement of receiving written notice from the Payee of the amount to be debited and the due date(s) of debiting, or to abide by any modification to the requirement as agreed to with the Payee.
7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions:
  - (a) the Business PAD was not drawn in accordance with this Authorization;
  - (b) this Authorization was revoked; or
  - (c) any pre-notification required and not waived by section 6 was not received by us.

We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a Business PAD solely with the Payee, and that our Financial Institution shall have no liability to us respecting any such Business PAD.

8. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in the Authorization at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADs.
9. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization on the reverse hereof.
10. We understand and agree to the foregoing terms and conditions.
11. We agree to comply with the Rules of the Canadian Payments Association, or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

*Please complete sections on other side of this page.*

# Complaints, discipline and the HPA

## Hearing Tribunals and the Complaint Review Committee

In the past several issues, we have outlined the options available to the Complaint Director when a complaint about a physician is received. One of these options is to assign an Investigator to conduct an investigation.

At the conclusion of an investigation, if the evidence suggests that the physician may be guilty of unbecoming conduct, and the issue cannot be resolved by another means (e.g. alternative complaint resolution), the Complaint Director may refer the matter to a hearing.

Under the *Health Professions Act* (HPA), hearing tribunals are composed of two physician members of the College and one public member. The panel of three will hear the evidence from both sides (the College and the physician) and will determine whether the evidence supports the charges.

If the charges are found to be proven, the hearing tribunal is also responsible for determining penalty. If the physician is found guilty of the charges, he or she may appeal the finding and the imposed penalty to Council.

After an investigation, if there is no evidence to support professional misconduct, the Complaint Director can dismiss the complaint. Complainants who are not satisfied may appeal the Complaint Director's decision to the Complaint Review Committee (CRC).

The CRC is also composed of two physician members of the College and one public member. The CRC will review the investigation findings to ensure that a fair process was followed and that the Complaint Director's decision was logical and based on the evidence collected. If not satisfied that a fair process was conducted, the CRC can request that further investigation be conducted or can refer the matter to a hearing.

An additional duty of the CRC is to review and ratify agreements reached by complainants and respondent physicians in the Alternative Complaint Resolution (ACR) process. The purpose for the CRC review of ACR agreements is to ensure that the interests of the public at large are met.

One of the most significant changes to the College complaint process is that physicians who sit on hearing tribunals and appeal committees will no longer be Council members, as is the

case under the *Medical Profession Act*. Instead, they are selected from a list approved by Council. Public members of these committees will be selected from a list provided by government.

For information about complaints, discipline and the HPA, please contact:

- Ms. Sharon Barron, Manager, Complaints:  
[sbarron@cpsa.ab.ca](mailto:sbarron@cpsa.ab.ca)
- Dr. Karen Mazurek, Asst. Registrar, Complaints:  
[kmazurek@cpsa.ab.ca](mailto:kmazurek@cpsa.ab.ca)

### Hearing Tribunals and CRC appointments

The College recently invited physicians to put their names forward for consideration for the Hearing Tribunal and CRC membership lists. More than 60 applications were received and with many worthy applicants, the selection was not easy.

The following physicians were appointed by Council:

#### Complaint Review Committee

- Dr. Martin Atkinson
- Dr. Keith Brownell
- Dr. George Goldsand
- Dr. Patricia Heard
- Dr. Brian O'Brien

#### Hearing Tribunals

- Dr. Brendan Adams
- Dr. Alison Bennett
- Dr. Walter Blahey
- Dr. John Bradley
- Dr. John Bradley, Sr.
- Dr. Michael Caffaro
- Dr. William Hall
- Dr. Jeffrey Harris
- Dr. Eldon Smith
- Dr. Don Yee

The appointments are for three year terms with one option for renewal. Term dates begin when the profession falls under HPA, likely sometime in 2007. The College thanks all physicians who expressed interest and put their names forward for consideration.

# Mandatory professional liability protection

**Professional liability protection is not currently mandatory for Alberta physicians. While most physicians have liability protection, some may not and some may not have complete coverage for their practice if providing services that are not covered under CMPA policies.**

Mandatory liability protection has become a standard expectation across Canada and across health professions to provide greater assurance that patients might be compensated for harms occurring as a result of errors, omissions or negligence in the course of their care.

Commencing at the end of 2007, this College intends to require proof of adequate professional liability coverage from all of its members who are practicing medicine (including podiatric medicine) in Alberta.

The draft by-law reads:

*Every licensed member of the College*

*must possess and maintain professional liability coverage that extends to all areas of the member's practice including any liability that the member or the member's employees and agents may incur, through error or negligence committed in the practice, through either or both of*

- a) *Membership in the Canadian Medical Protective Association;*
- b) *A policy of professional liability insurance issued by a company licensed to carry on business in the province, that provides coverage of at least \$10 million.*

Applicants for registration will be required to declare their intention of having such protection before commencing practice. Current members will be required to declare that they hold the necessary coverage at the time of each annual renewal of registration. All members will also be expected to provide proof of coverage at the request of the Registrar.

Professional liability protection is required for clinical practice and for medical-legal, third party and even some administrative posts where a licence to practice medicine is a requirement to perform those services. Exemptions will be limited to registered members who:

- a) are not providing medical services to any patients in Alberta; or
- b) provide written evidence from his or her employer that the registered member is providing medical services to other employees of their employer and not to any members of the public, and are covered for professional liability through the employer.

**Your feedback** is requested. Please send your comments and suggestions to Dr. Bryan Ward, Deputy Registrar, at the College address, by fax to (780) 428-2712 or by e-mail to [bward@cpsa.ab.ca](mailto:ward@cpsa.ab.ca) by October 31, 2006.

## Pharmacists prescribing - an update

**The Alberta government recently approved legislation that expands the scope of practice for pharmacists. Under the new law, pharmacists can prescribe Schedule 1 drugs and some blood products, and can perform some injections.**

Last fall, the CPSA advised Alberta Health that we were not in favour of this proposal. Although the CPSA has supported other health care providers seeking limited prescribing privileges, pharmacists did not provide evidence that they have the necessary training, expertise and hands-on experience to take on this responsibility.

Our position has not changed. However, the decision has been made and we will now work with the Alberta College of Pharmacists (ACP) to ensure patient safety is a priority. Indeed, communication between prescribing pharmacists and

physicians will be essential in coordinating safe and effective care.

By early September, the draft standards for pharmacist practice and the draft standards for pharmacy operations should be available for consultation. The CPSA is one of various stakeholders invited to review and comment on the standards.

The ACP will also be creating an expert review panel. Panel members will include pharmacists, a nurse practitioner, a physician and a member of the public. They will recommend what level of education and training is required by pharmacists who wish to prescribe. The ACP is currently identifying potential candidates for this panel and will consult with the CPSA prior to appointing a physician.

Since the announcement was made in

May, there has been extensive discussion in the media and amongst the profession on the following issues:

- How will standards of care be assured?
- How will conflict of interest, when both prescribing and dispensing, be regulated for pharmacists?
- What kind of personal and professional liability safeguards will be in place for pharmacists who choose to prescribe?
- What impact will this decision have on health system funding?

Although definitive answers are not yet available, there is still much work to be done before the regulations can be put into practice. Look for updates in future issues of the Messenger or visit the CPSA website at [www.cpsa.ab.ca](http://www.cpsa.ab.ca) or the ACP website at [www.pharmacists.ab.ca](http://www.pharmacists.ab.ca).

# Patient medical records

**A couple of recent incidents prompted me to remind our members of their obligation to look after patient medical records on the closure of their offices, and of the need for physicians to address the ownership of patient records at the time they associate with others for the practice of medicine.**

In addition, this advice may prompt some physicians or physician groups to consider their agreements with respect to the ownership and future custody of their medical records particularly in the event that the practice closes or the practice relationship dissolves.

In one community, a number of physicians retired or withdrew from practice without having made arrangements for their medical records to be stored and maintained, and to allow access to these records by patients and others – such as other physicians – for whom the records would be valuable.

In another community, a clinic owned by a corporate entity abruptly shut its doors, leaving no one, including the physicians who had worked in the clinic, with access to the patient files. In this situation, the “business owner” of the clinic was not a registered physician, which is particularly troubling as a business owner who is not a custodian or affiliate as defined in the *Health Information Act* is not an acceptable owner or assignee of patient records.

The *Health Information Act* enshrined the role of “custodian” of patient records, a role that physicians have responsibly assumed for many years. We expect the physician who owns the records not only to maintain a professionally accurate and complete record but also to ensure the integrity and security of the file. This is an ethical and legal obligation of physicians, one that may be subject to review by the College and the Office of the Information and Privacy Commissioner.

Records must be kept for 10 years after the last professional contact with the patient (and longer, as appropriate, for minor patients. Please review our *Physician Office Medical Records* policy for more details). **On closing a practice a physician must address the custody of the records.**

Many options are available. The physician may elect to maintain custody of the records and provide legitimate access as necessary. If leaving a clinic, the physician may leave the records in the custody of the remaining partners but only if they agree to assume custody and if they agree to provide access as needed to the leaving partner. Specialized storage companies will, for a fee, maintain the records and provide access.

**In all circumstances the physician identified as the owner of the records is responsible for their ongoing custody and**

**security.** (Generally, the physician who created the record will be the “owner,” but ownership will depend on specific practice circumstances. This is one compelling reason for physicians to address the ownership of their records with their associates/partners and the business owners of the clinic, if appropriate).

Too often we hear of problems that arise when a physician leaves a practice in unfriendly circumstances, and one common problem is around the ownership of the medical records. We will commonly ask what the “agreement” said about the records only to learn that no formal agreement was entered into, and that this issue has never been contemplated or addressed. This situation puts all parties in difficulty. In such situations we will try to mediate or offer “common sense” solutions. Too often the particular problem could have been avoided had the parties considered the question at the time the association was created.

Not all partnerships or associations will last forever, and goodwill may not endure. To protect oneself and the integrity and security of patient medical records, we strongly encourage physicians to consider how the ownership, custody and security of patient medical records will be addressed should the association/partnership end.

*Dr. Trevor Theman, Registrar*  
[ttheman@cpsa.ab.ca](mailto:ttheman@cpsa.ab.ca)

## Call for abstracts

**The College is partnering with three other organizations to host an inter-professional conference in May 2007 in Banff.**

The conference, “Strengthening the Bond: Collaborating for Optimal Patient Care,” demonstrates the efforts being made to strengthen inter-professional

relationships and promote better patient care in Alberta.

Program themes will focus on:

- Working together collaboratively
- Organizational and structural issues
- Change management
- Evidence of effectiveness
- Integrated education
- Case studies

A call for abstracts is available at [www.buksa.com/strength](http://www.buksa.com/strength), by emailing [strength@buksa.com](mailto:strength@buksa.com), or calling BUKSA Conference Management and Program Development Conference Secretariat at (780) 436-0983 Ext. 231.

Deadline for submission is December 1, 2006. More information is available in the insert included with the Messenger.

# Discipline report

## Dr. Graham Lohlun

On June 1, 2006 the Council of the College of Physicians & Surgeons of the Province of Alberta found Dr. Lohlun guilty of demonstrating unbecoming conduct in that:

1. Between July 2004 and December 2005, he did have an inappropriate personal relationship, which may or may not have included sexual activity, with a patient who had been in his care from June 1998 to September 2004.
2. Between March 28 and April 6, 2005, did violate the terms of his treatment for professional sexual misconduct at the Professional Renewal Center in Lawrence, Kansas, USA, in that he did one or more of the following:
  - had contact with his patient;
  - permitted his patient to stay in his apartment during the course of his treatment; and
  - failed to admit to Dr. Scott Stacey, Clinical Director of the Professional Renewal Center, that he was

permitting his patient to stay in his apartment when Dr. Stacey had confronted him with this allegation.

The Council of the College of Physicians & Surgeons of Alberta ordered that:

1. The registration record of Dr. Lohlun with the College reflect that he has been found guilty of unbecoming conduct as outlined in the Notice to Practitioner and that his registration as a physician is to be suspended for a period of nine months.
2. Of the nine months of suspension imposed on Dr. Lohlun, he is given credit of seven months for the time period that he has already voluntarily withdrawn from the practice of medicine between March 2005 and February 2006.
3. If Dr. Lohlun again becomes registered with the College, to permit his return to the practice of medicine in Alberta, that the remaining two months of the suspension will be held in abeyance pending the fulfillment of the conditions set out below:

- a) Dr. Lohlun, at his own expense, will attend and successfully complete a residential treatment program at a facility satisfactory to the Registrar to address his problems with professional boundaries.
- b) Dr. Lohlun will only practice in a setting that is acceptable to the Registrar having regard to his then current state of health and the recommendations or advice from the treatment facility.
- c) Dr. Lohlun shall be responsible for the costs of the investigation, in the appearance before the Investigating Committee and the Council in the amount of \$15,034.79, which shall be paid in full on or before the date on which Dr. Lohlun is permitted to return to the practice of medicine in Alberta.
- d) Dr. Lohlun's name be published.

Dr. Lohlun's registration with the College expired on February 28, 2006. If Dr. Lohlun again becomes registered with this College, conditions outlined in #3 above will come into effect and notification will be sent accordingly.

## For your information

### 2006 Medical Directory amendments

Although the Medical Directory is carefully compiled and checked by College staff prior to release, errors and omissions inevitably occur. Information for the following physicians has been updated. The change is indicated in bold print.

#### Section 2: Geographical List

Name	Address	Postal	Specialty	Phone	Fax
Rohloff, Jacqueline	<b>7905 106 Ave NW</b>	T6A 1H7	-	(780) 465-0951	(780) 465-6928

#### Section 4: Non-Resident Members

Name	Address	Location	Postal Code	Page Number
<b>Jaffer, Sheni</b>	Yellowknife, NT	321A Old Airport Rd	X1A 3Z2	260

# Letter to the editor

Re: Problematic opioid and benzodiazepine use

I have some concerns regarding the article that appeared in the June 2006 issue of the Messenger.

Although no doubt well intended, the headline and the article itself serves to perpetuate the myth that benzodiazepines are like the opioids and are dangerous and very addictive. This is certainly not true.

There is no doubt that certain subsets of the population overuse or abuse benzodiazepines. Usually this is in context of poly drug abuse and the benzodiazepines are often used to deal with the withdrawal effects of other more potent drugs that are very addictive. When such individuals require psychiatric treatment, the benzodiazepines are the least of their problem.

Some individuals appear to be abusing benzodiazepines because they are using them from a street source, in an attempt to self treat an anxiety or mood disorder that has not been diagnosed and medi-

cally treated. Forty per cent or more of individuals who suffer from an anxiety disorder never receive treatment. This is due to factors such as stigma, lack of access to treatment, inadequate resources and so on.

In the past, many well respected psychiatrists who are experts in the field of psychopharmacology, have spoken out against the negative attitude held by the medical profession as well as the public at large towards the benzodiazepines. The consequence of this negative attitude has been that patients who could have benefited from these drugs were deprived of an effective treatment.

Yours truly,  
Lorne Warneke  
MD, FRCP(C)

*The full text of Dr. Warneke's letter is available on the College website at [www.cpsa.ab.ca/publicationsresources/messenger.asp](http://www.cpsa.ab.ca/publicationsresources/messenger.asp)*

## Dr. Robert Woolstencroft - in memoriam

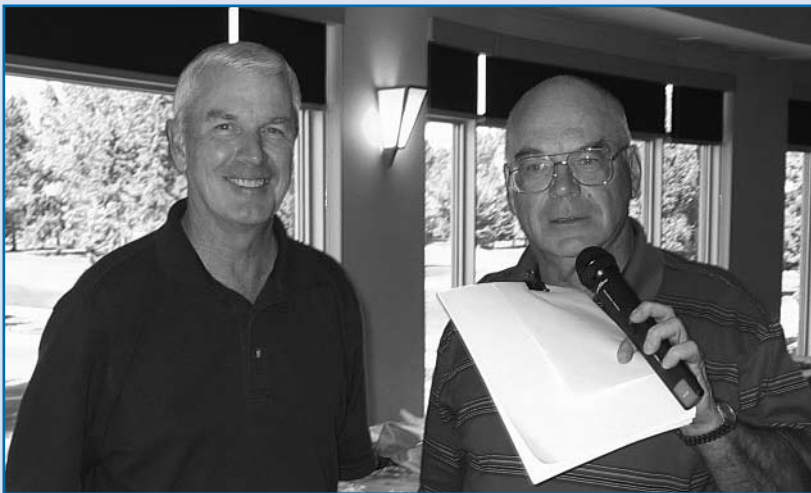
Dr. Robert Woolstencroft, LRCP, MRCS, the College's third Registrar, passed away in Calgary on July 18, 2006. He served as Registrar from July 1967 until March 1974.

Dr. Woolstencroft was born in England in 1909 and qualified from Westminster Medical School in London in 1937. His six year wartime military service included postings in the Mediterranean and Far East and as a surgeon on H.M.S. Illustrious.

In 1948, he and his wife, Diana, came to Canada where he was to complete a term of medical service in Northern Alberta. In 1950, they settled in Calgary where Dr. Woolstencroft practiced medicine and distinguished himself as provincial president and Alberta member of the Board of Representatives of the College of General Practice (Medicine) of Canada.

He is survived by five sons, nine grandchildren and two great-grandchildren.

## North-South Golf Tournament a winner!



Former CPSA Council member Dr. Joe Hopfner (L) accepts congratulations from Dr. Patrick Heslip (R) as the winner of the Low Gross Senior Trophy at the 79<sup>th</sup> annual North-South Doctors' Golf Tournament. The fundraising event for medical student bursaries was co-hosted by the CPSA and the AMA at the Red Deer Golf and Country Club August 14<sup>th</sup>. A record number of 118 participants enjoyed the day and more than \$3,000 was raised. Thank you to all our golfers and our sponsors.

# Council election nominations

As the second step in a gradual and orderly transition plan to realize the objective of a smaller Council under the *Health Professions Act*, only three (3) of the five vacancies will be filled for the term beginning January 1, 2007: for the Northern District, one (1) of two vacancies; for the Southern District, two (2) of three vacancies.

Councillors whose terms expire on December 31, 2006 are:

District 1 - Northern (one candidate to be elected)

- Dr. Felix Odaibo
- Dr. Peter Hamilton

District 2 - Southern (two candidates to be elected)

- Dr. John Pasternak
- Dr. Robin Cox
- Dr. Randall Sargent

## Instructions to Nominees

- Nominations will be accepted only on the nomination form.
- Every nomination must be signed by three (3) members of the College eligible to vote in the district for which the nomination is made.
- The nominee must accept by signing the nomination form before it is returned to the Registrar.
- The nominee is responsible for submitting a one-page camera-ready profile for circulation with the ballot paper. Excess pages will be disregarded.

## Deadline

- Nominations and profiles must be delivered to the College office (900-10180 101 St. NW, Edmonton AB T5J 4P8) no later than 4:00 p.m., Friday, October 6, 2006.

## Members entitled to stand for election must:

- Be in good standing.
- Have no outstanding fees.
- Have their primary business address, as recorded in the College office, within the district.

## Health Quality Council of Alberta Disclosure insert

A wallet-sized insert on disclosure communication has been provided by the Health Quality Council of Alberta.

The insert provides information on effective communication techniques for disclosure and what the initial disclosure conversation should include.

# the Messenger

College of Physicians & Surgeons of Alberta



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