

Alberta Doctors' Digest

Don't just turn off the lights and close the door!

It seems you can't pick up a newspaper or listen to the news without hearing some talk about physicians retiring or leaving the province because of the current atmosphere. Perhaps more are retiring or leaving for other reasons – declining health, family reasons, or perhaps it's just time. Or sometimes financial constraints make running a practice or a clinic impossible, resulting in changes in direction.

Regardless, leaving or closing a medical practice is not as simple as just closing and locking door (although, as will be seen, locking the door is a good idea). As Dr. "I" came to understand at a recent College of Physicians & Surgeons disciplinary hearing, adherence to the CPSA standard of practice for *Closing or Leaving a Medical Practice* is critical.

The allegation which Dr. I faced was that he had failed to notify the CPSA in advance of closing his practice. As well, he faced discipline for failing to ensure the secure storage and disposition of confidential patient information, and failing to properly dispose of medications, equipment and supplies. All of these obligations are clearly spelled out in the standard of practice.

Fortunately for Dr. I, his landlord, upon realizing that he had vacated the premises in question, secured the premises and did contact the CPSA promptly, so no patient records were actually at risk of disclosure to the public.

It would appear that Dr. I had provided his patients with notice of the closure of his clinic, and that once he was notified by the CPSA that supplies and documents were left behind, he did make prompt arrangements to have those items securely removed from the premises.

Nevertheless, the hearing tribunal was critical of Dr. I's actions (or lack of action), failing to place the interests of patients and the public ahead of those of Dr. I.

Specifically, the hearing tribunal noted that Dr. I failed to notify the CPSA a minimum of 90 days prior to the closure of his practice. The tribunal felt that it was "... imperative that physicians provide up-to-date contact information to the CPSA ... this is required so that the CPSA can provide accurate information to patients or the public regarding the physician." The tribunal saw this as necessary to allow the CPSA to fulfill its mandate to ensure the protection of the public and the public interest.

The tribunal went on to say that "... the public must have confidence that their medical records and personal information are kept private and secure." The tribunal viewed this breach as the most egregious of the allegations made against Dr. I.

The hearing tribunal also commented on the need to properly dispose of medications, equipment and supplies in a safe manner, again citing the need to protect the public who may have access to such medications or equipment.

In the result, Dr. I's practice permit was suspended for one month, which would only come into effect if other conditions were not met. Those conditions included successfully

completing a remediation course with an ethicist within a set time frame, as well as payment of a portion of the costs of the investigation and the hearing itself.

One can only assume that had the patient information left at the clinic been disclosed or shared, or had the medications and supplies caused harm to a third party, the resulting impact on patient safety and trust would have been profound. The potential for serious harm reinforces the critical importance of safeguarding both confidential information and medical materials.

All of this underlines the need for a physician to pay attention to the CPSAs *Standards of Practice* generally, and specifically in the context of closing or leaving a practice. As tempting as it might be to simply turn off the lights and close the door, the risks of doing so are potentially damaging and costly. Physicians seeking clarification regarding the standard are advised to contact the AMA, CPSA, or CMPA for further guidance.

Editor's note: The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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