



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice



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The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to communications@cpsbc.ca.



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Registrar's message



By now, many of you will have read the College's [interim guidance](#) to the profession on physician-assisted dying (PAD) approved by the Board at its January meeting.

The College thanks those who took the time to share their thoughts and provide feedback on the draft guidance released in December. The responses were extremely helpful in developing the interim guidance in its current form, and will also be considered over the next four months.

Since releasing the interim guidance last month, the College has made an amendment to the document, removing the provision that a nurse may be physically present with the patient as a witness during a teleconference with either the attending or consulting physician. The College made this amendment following a recent meeting with the College of Registered Nurses of BC where concerns were raised that the Supreme Court of Canada's decision does not specifically exempt nurses from the *Criminal Code*. The College of Registered Nurses of BC has advised that until it is clarified whether nurses are exempt from the *Criminal Code*, they should not take part in physician-assisted dying in any capacity without first obtaining independent legal advice.

The College anticipates updated guidance will be released prior to June 6, 2016.

Until then, the College will continue to be actively engaged with other stakeholders to address several critical matters regarding PAD, and specifically, the recommendations contained in the final report by the [Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying](#). One of the priorities is to liaise with the Ministry of Health and the health authorities to ensure a provincial infrastructure is in place, such as the establishment of provincially funded self-referral agencies, and an oversight body to monitor and review PAD cases and ensure compliance with legal and regulatory requirements. The College will also be highlighting the importance of clarity in legislation to avoid ambiguity, and to protect vulnerable patients from potential abuse or error.

Feedback from the profession has made it clear that educational supports would benefit physicians who choose to perform PAD. While the College generally does not develop clinical practice or pharmacotherapy guidelines directly, it strongly supports the need for physician education in this area. During this interim period, the College will, through the Federation of Medical Regulatory Authorities, consult with the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada to determine which body is most appropriate to lead this initiative. The College also plans to meet with UBC CPD and the faculty of medicine to discuss curriculum development related to PAD for students and residents.

The College supports the recommendations made by the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying on end-of-life and palliative care: "Canadians need better access to quality

palliative and end-of-life care, and should be made more aware of the options currently available to them," which now includes PAD.

Many of you had further questions following the publication of the interim guidance, which we have attempted to address in a [questions and answers document](#). This document will continue to be updated as necessary.

If have any further inquiries or comments regarding the interim guidance, please direct them to communications@cpsbc.ca.

H.M. Oetter, MD
Registrar

We welcome your [feedback](#) on any article contained in the College Connector.

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Notice of unauthorized practice—seeking assistance from registrants



The College has become aware that a North Dakota-based company is performing unauthorized mobile diagnostic screening ultrasounds in greater Vancouver and Nanaimo. This service is not accredited through the College's Diagnostic Accreditation Program (DAP), and is potentially employing physicians who are not licensed for practice in BC. The College is pursuing different avenues to address this matter and is seeking assistance from registrants. Please contact the DAP if you have any information, or if patients arrive with reports from their attendance at one of these mobile clinics. Phone 604-733-7758 or toll free at 1-800-461-3008 (in BC).

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Sedative hypnotics warrant respect—prescribe them sparingly



The Inquiry Committee recently investigated a case referred to it by the chief coroner—an unintended death due to a mixed overdose, primarily zopiclone. A review of the patient's PharmaNet record confirmed excessive quantities of zopiclone and identified five prescribers: four family physicians and a surgeon. Most of the visits were at walk-in clinic settings. Contrary to the College's expectations outlined in the professional standard, [Walk-in, Urgent Care and Multi-physician Clinics](#), none of the physicians had consulted PharmaNet. Even so, it ought to have been clear that the patient was exceeding the maximum dose of 7.5 mg and using it daily. Further, none of the physicians had documented any attempt to assess for addiction to zopiclone or other substances, or to counsel the patient on the inappropriateness of her use of the drug, and the availability of addiction services.

Sedative hypnotics are hazardous when combined with opioids, alcohol or other sedating drugs. Risk increases with dose while tolerance develops early. Hypnotics facilitate sleep onset, but not the quality of sleep, or of daytime functioning. They are indicated for short-term use only and generally contraindicated in the elderly. Hypnotics are associated with increased all-cause mortality, even when health status is taken into account. (See [Hypnotics' association with mortality or cancer: a matched cohort study](#).) Patients taking hypnotics deserve to know that the hazard ratio is similar to smoking.

Despite marginal effectiveness, many patients quickly come to overvalue their sleeping pills and pressure physicians to over-prescribe. College standards are in place to support physicians in the often-uncomfortable task of resisting. With rare exceptions (notably end-of-life care), the Inquiry Committee expects physicians to

- limit hypnotics to short-term, intermittent use,
- not exceed maximum doses set out in product monographs and other references,
- keep dispenses modest; 10 doses are suggested—fewer if the patient is not known to the physician,
- decline to prescribe to patients who cannot be relied upon to abstain from alcohol and other sedatives, including patients with a lifelong disease of addiction, and
- always review PharmaNet before prescribing if they work in walk-in settings or the ER.

Physicians prescribing to patients with chronic non-cancer pain should be familiar with this list of [Prescribing Principles](#).

The College’s Prescribers Course utilizes standardized patients to assist physicians in improving their management of these difficult conversations. In the case described above, the Inquiry Committee directed that all five physicians under review attend the course, which the College recommends as useful continuing medical education for all physicians. Three of the five must also complete the College’s Medical Record Keeping Course. All of the walk-in clinic physicians must implement PharmaNet.

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Guide dog and service dog certification—includes completion of medical forms



There are now two “streams” in the certification of guide dogs (for individuals who are blind or visually impaired) and service dogs (for individuals with other disabilities):

- Dogs and handlers that have been trained at a school accredited by Assistance Dogs International or the International Guide Dog Federation
- All other dogs and handlers

Dogs and handlers from an accredited program undergo a rigorous application process.

The province recognizes that not everyone who requires a guide dog or service dog will be able to acquire one from an accredited school. In order to ensure that these dogs have been trained to a high standard and pose no public safety risk, they will be required to successfully complete an assessment to be offered by the Justice Institute of BC. The handlers will also need to submit a [medical form](#) to the ministry, completed and signed by a BC physician or nurse practitioner.

The medical form, developed in consultation with the respective regulatory colleges and professional associations, includes guidelines to assist practitioners who may be asked to complete it as of January 18, 2016.

For more information on the certification of guide dogs and service dogs in BC, click [here](#).

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Defining standards for interventional pain management and accrediting facilities

NHMSFP Update

The College's Non-Hospital Medical and Surgical Facilities Program (NHMSFP) accredits private surgical and medical facilities within the province. The program ensures that accredited facilities meet high standards for surgical services and for other types of invasive procedures associated with greater risk to patients.

Many of the intermediate¹ and advanced² interventional pain procedures require specific training and experience to ensure patient safety and quality outcomes.

Due to the nature and complexity of pain services, the NHMSFP is developing standards for the accreditation of pain clinics. The purpose is twofold: to establish a process for accrediting these facilities, and the credentialing of physicians who will be performing procedures that carry potentially significant risk to the public; and to ensure that sufficient safety and quality measures exist in facilities performing these complex procedures.

Of primary interest to the protection of the public are the necessary credentials required by physicians to perform complex procedures. The NHMSFP will be looking to the provincial credentialing and privileging dictionaries for guidance on this standard. (For more information on the privileging dictionaries, visit www.bcmqi.ca.) Physicians considering developing pain clinics for these intermediate pain procedures are directed to these dictionaries to ensure that they would meet the credentialing requirements. Physicians should also visit the College website for more information about the NHMSFP's [accreditation standards](#).

Accreditation does not apply to simple interventions such as trigger point and peripheral joint injections.

Definition

1. Intermediate: Performance of procedures that generally require the understanding and safety principles of using fluoroscopy or other medical imaging to guide needle placement (e.g. lumbar sympathetic nerve blocks, stellate ganglion blocks, thoracic and lumbar nerve root blocks and facet joints).
2. Advanced: Performance of highly specialized procedures that are generally recognized as requiring the most advanced training and skills and are performed in hospitals (e.g. intrathecal infusion pumps testing, neuromodulation testing, implantation and maintenance).

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Read the label carefully! More on single-use medical devices


PPEP Update

Manufacturers make many assertions about their products in an attempt to reach the widest possible markets. Physicians may get information about the product from company representatives or the product packaging. More often than not, the clearest information can be found on the manufacturer's website. In this particular case, further research on the company's website revealed that the device was, in fact, solely single-use.

In any instance where there is ambiguity about the reusability of a product or device, the College recommends following the most conservative approach. Where literature indicates that the item is both single-use and reusable, physicians should assume that the device is single-use only. This approach is consistent with the BC Ministry of Health's [Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-critical Medical Devices](#) (2011).

Registrants should be aware of the following key points:

Manufacturers may use different terms to describe the reusability of their products, including several ways of referring to single-use items (see below). Registrants using such products should become familiar with such language and handle them accordingly.

Items displaying the  symbol are always single-use only and cannot be reprocessed.

Take a conservative approach. Any indication of "single-use," however phrased, trumps any other directions from the manufacturer.

Common terms for single-use medical devices:

- disposable
- consumable
- not for reuse
- do not reuse
- discard after single use
- do not use twice

Common symbol for single-use medical devices:



More information on the Physician Practice Enhancement Program can be found on the College [website](#).

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Benzodiazepines in chronic pain

DRUG PROGRAMS Update

There is limited medical evidence to support long-term benzodiazepines (BDZ) use; rather, there is increasing concern with respect to adverse events and drug interactions, particularly as the population ages. An article published in *Pain Medicine* in 2015 entitled “Benzodiazepine Use among Chronic Pain Patients Prescribed Opioids: Associations with Pain, Physical and Mental Health, and Health Service Utilization” by Nielsen et al. examined a 1,220-patient sample from a prospective cohort study of chronic non-cancer pain (CNC) patients prescribed

long-term opioids.

The authors defined four distinct groups with varying degrees of BDZ use, from daily to none. Results showed that BDZ use was associated with greater pain severity, pain interference with life, lower feelings of self-efficacy with respect to pain, higher doses of opioids, antidepressant/antipsychotic use, substance use, and greater mental health comorbidity. Benzodiazepine use also correlated with greater use of emergency health care and services. The study concluded that CNC patients using BDZ represent a high-risk group, and the high prevalence of BDZ use is inconsistent with guidelines for the management of CNC or chronic mental health conditions.

Registrants may request a copy of the above-mentioned article from the College [library](#).

The College encourages registrants to evaluate the efficacy and necessity of using BDZ and Z-drugs in their patients. If a decision is made to discontinue them, it may be helpful to partner with the patient’s pharmacy to develop a schedule for tapering the medication and monitoring the patient during the process.

RACE line

Employees in the College’s drug programs are available to assist with questions, but they cannot direct patient care. Other resources such as peers, specialists, specialty clinics, and the RACE line should be contacted depending on the specific question. The RACE line (Rapid Access to Consultative Expertise) is a shared-care telephone advice line addressing a variety of topics, and promises a return call within two hours. Recently, the eRACE app was launched for mobile users. For more information on RACE, visit www.raceconnect.ca.

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CME events: mark your calendars



Pain and Suffering Symposium

Friday, February 19, 2016 – Vancouver

[Learn more](#)

Medical Record Keeping for Physicians

Wednesday, May 11, 2016 – Vancouver

[Learn more](#)

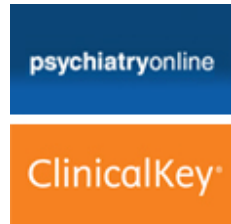
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College library—PsychiatryOnline and ClinicalKey



The library provides a broad selection of clinical information resources for generalists and specialists. The library's subscription to ClinicalKey is useful for clinical questions arising from a broad range of conditions with a focus on family medicine, psychiatry, emergency medicine, obstetrics and gynecology, pediatrics, orthopedics, and internal medicine. ClinicalKey includes an easy-to-use search engine that searches Medline, selected full text journals, texts, procedural videos, drug information, and patient handouts. <https://www.cpsbc.ca/library/search-materials/books-journals>

First Consult, an evidence-based point-of-care tool, is available online as part of ClinicalKey and as an iOS app. For online access to ClinicalKey and First Consult as well as downloading instructions for the First Consult app, go to the College library's [Point of Care page](#) and log in using your CPSID.

A more specialist-oriented resource is PsychiatryOnline for psychiatrists and those interested in addressing patients' mental health needs. For access, go to the College library's [Books and Journals page](#). PsychiatryOnline is comprehensive resource that includes such key content as:

Books

- *DSM® Library*
- *Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*
- *DSM-5® Handbook of Differential Diagnosis*
- *DSM-5® Clinical Cases*
- *The American Psychiatric Publishing Textbook of Psychiatry*
- *The American Psychiatric Publishing Textbook of Geriatric Psychiatry, 5th Edition*
- *The American Psychiatric Publishing Textbook of Psychopharmacology*
- *The American Psychiatric Publishing Textbook of Substance Abuse Treatment*
- *Gabbard's Treatments of Psychiatric Disorders*
- *Manual of Clinical Psychopharmacology*
- *Dulcan's Textbook of Child and Adolescent Psychiatry*
- *Textbook of Traumatic Brain Injury*
- *Textbook of Psychotherapeutic Treatments*

Journals

- *The American Journal of Psychiatry*
- *Psychiatric Services*
- *The Journal of Neuropsychiatry & Clinical Neurosciences*
- *Psychiatric News*

In addition to clinically relevant material, PsychiatryOnline helps physicians support patients' understanding of their medications and health with PDF downloads from:

- *Understanding Mental Disorders: A Patient and Family Resource*
- *What Your Patients Need to Know About Psychiatric Medications*
- *Helping Parents and Teachers Understand Medications for Behavioral and Emotional Problems: A Resource Book of Medication Information Handouts*

In addition to accessing these online resources, registrants can [request literature searches](#) on any clinical questions, [download unlimited online articles](#) from over 2,500 e-journals, [have 200 articles delivered for free each year](#), and explore a broad range of online decision support resources at <https://www.cpsbc.ca/library>.

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