Medicolegal File

Reviewing a colleague's orders

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QUESTION

I have a large family practice. One of my colleagues recently became ill, and I agreed to assist with his practice for the next few months. Other colleagues are helping as well, but his patients at a local nursing home are my responsibility. I find it hard to take care of these patients in addition to my own, especially because every time I attend the nursing home, I am given a pile of medication reviews and told that I have to sign them or the patients will not be able to get their medications. I am concerned about my legal liability if I sign the reviews without seeing the patients, and about the risk to patients if the medications are suddenly stopped. How should I handle this?

ANSWER

This seems like a time for clinical and administrative discretion. Certainly, if you sign the authorization for the medications to continue and a patient has a bad outcome, your judgment in ordering those medications will be called into question. If you refuse to sign the medication reviews and a patient suffers as a result of the medication being discontinued, the reasonableness of your decision will also be examined.

Since you are going into the nursing home, you are presumably seeing patients. Because you are there, you would be expected to review patients' histories, including their medication histories. When you do this review, you should decide whether patients' medications are appropriate and, if you think they are, sign the appropriate forms. Even if a routine review does not come up for another week or 10 days, your assessment will give you a solid basis upon which to decide whether medications should be continued or discontinued before you sign the forms.

If you are asked to sign a medication review form for a patient you have not yet seen, the ideal approach, of course, would be to see and assess the patient, review the medications, and then authorize continuation or modification as you see fit. You will be fully responsible for your decision. This clearly would take time and would interfere with your ability to manage your own patients.

Alternatively, you could ask the nursing staff whether they have concerns about specific patients whose medications have come up for review. In the absence of concerns that might lead you to think a patient should be assessed or the medications specifically reviewed, you might ask whether the nursing home administration, in this unusual situation, is prepared to have the medications continued unchanged until you can carry out a proper review or the original physician returns and can carry out his or her own review. If the administration is willing to allow delay, you could set aside some time in the near future specifically for seeing and assessing these patients and completing their medication reviews.

Although it will mean spending more time at the nursing home, it is both your ethical and your legal duty to take reasonable steps to ensure that patients do not come to harm through either your action or your inaction.

Although laws governing medical practitioners are similar across the country, they can vary greatly from one jurisdiction to another. Specific answers to questions cannot be given in a national publication. While the information in this article is true in general, it is intended to bring issues to your attention, not to give specific advice. You should consult a lawyer if you have specific concerns. Members of the Canadian Medical Protective Association can contact the Association at 1-800-267-6522.

Readers may submit questions on medicolegal issues by fax to Dr Philip Winkelaar at (613) 725-1300. They will be considered for future Medicolegal Files.

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