

Writing postoperative orders

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OUESTION

I am a family physician who spends 1 day each week assisting surgeons in the operating room. While I have referred some of the patients, most of them are unknown to me ("cold cases"). The surgeons have asked me to write postoperative orders on a number of occasions. Should I be doing that?

ANSWER

Any doctor who writes orders for a patient is personally responsible for the appropriateness of those orders. If the orders are inappropriate and the patient suffers harm, that doctor might be found liable for damages.

The orders might be inappropriate because the assisting physician is not completely aware of all the postoperative requirements of this particular patient in this particular circumstance. When you have personal knowledge of patients, perhaps because you referred them from your own family practice, you are in a much better position to understand their particular needs and concerns than if it is a "cold case."

You should also ensure that you know the standard postoperative requirements for the particular procedure that has just been carried out and any potential interactions between your postoperative treatment and the patient's existing and ongoing medical conditions. Are there any potential drug

interactions? Will cessation or alteration of medications given before the operation be necessary, and if so, could those changes cause adverse effects? Are there other factors that might modify the standard postoperative orders?

Generally speaking, the surgeon is responsible for preoperative and postoperative care of a patient. When assisting physicians write the orders, they have a legal responsibility to ensure that the orders are appropriate for that particular patient at that time. If you are satisfied that you can meet that standard, then you can accept the responsibility for writing orders; if you have any doubts, however, you should decline and request that the surgeon write her or his own postoperative orders or review and approve yours.

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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