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FROM THE College

IN THIS ISSUE...

President's Message

GOOD NEWS AND A SHARED VISION

Dear Colleagues

This concludes my messages to you as your President. It is a great honour and privilege to have served you over the last two years. It has been a remarkable experience and I encourage you to consider joining the CPSM, either as an elected counsellor, a member of a College committee, or other College work such as a practice auditor.

As I reflect on the work of the College and the work of all College members in Manitoba the following two ideas come to mind.

First, your College remains active in developing initiatives that promote the vision of providing safe medical and surgical care to all Manitobans. We have listened to your concerns regarding the burden of detailed registration requirements making it difficult to practice in other jurisdictions as well as for those coming into Manitoba. The good news includes two potential opportunities for you to expand your practice, if you so choose, for a limited number of days to other provinces through an emerging national agreement.

continued on next page...

The College of Physicians & Surgeons of Manitoba

Telephone: (204) 774-4344
Toll Free (in MB): 1-877-774-4344
Fax: (204) 774-0750
Email: cpsm@cpsm.mb.ca
Website: www.cpsm.mb.ca

1000 – 1661 Portage Avenue, Winnipeg, Manitoba R3J 3T7

President's Message

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The regulatory Colleges along with FMRAC are working together on two proposed initiatives. They are:

1 *Fast Track License*

- Available to physicians with full registration by traditional route (MD, LMCC, CFPC/RCPSC)
- Three years full registration
- Clean Certificate of Professional Conduct
- Abbreviated application form (trusting the other jurisdiction has already received and reviewed the relevant information for application, so no need to reproduce university and certification documents, etc.)

2 *Portable License*

- Work for up to 100 days annually in another Canadian reciprocal jurisdiction
- Modelled after legal and engineering professions
- Check-in/check-out service with host and receiving jurisdictions
- Available to physicians with full registration by traditional route (MD, LMCC, CFPC/RCPSC)
- Three years full registration
- Clean Certificate of Professional Conduct
- Agreement between reciprocal jurisdictions

The Fast Track Licence will cut through a lot of red tape and will allow physicians greater mobility both to and from Manitoba.

The Portable Licence will facilitate the availability of physicians from other provinces to work in underserviced parts of Manitoba. Rural and remote communities in our province will have opportunity through this to provide safe care in the right location at the right time. These two proposed initiatives require extensive consultation. We need to hear from you. Let's communicate on this.

The second idea to share with you is the vision for the future of your College. Your College has worked tirelessly over the last several years on topics of major importance to you. The guiding principle is to develop and maintain safe care.

The topics your College has worked on extensively, include:

- Medical Assistance in Dying
- Best practices in prescribing opioids
- Extended hours and after-hours care
- Physician Health Program
- Enhanced provincial standards committees
- Blood borne pathogens
- Participating in a network of provincial care partners, involving the University of Manitoba, Doctors Manitoba, Shared Health, and Manitoba Health
- The Regulated Health Professions Act
- Quality Improvement

This work has been guided by the outstanding contribution of Dr. Anna Ziomek, Registrar and Dr. Terry Babick, Deputy Registrar.

In June this year I will welcome your new President, Dr. Ira Ripstein, an Emergency Room physician and Associate Dean of Undergraduate Medical Education at the University of Manitoba. He will provide excellent leadership in the coming years.

In closing I send all the best to you and your families for safe practice and a healthy family life.

Eric Sigurdson MD MSc FRCPC

New Associate Member on Council

The Associate Member to Council is elected every year. Dr. Matthew MacDowell has been elected for the term June 2019 to June 2020. We welcome Dr. MacDowell to Council and look forward to working with him.

The College would like to thank Dr. Shayne Reitmeier for his contribution as the Associate Member elected over the past two years.

Discipline Summary

Inquiry Committee Decision –
Dr. Susan Graham Krause

On April 16, 2019 the Inquiry Committee provided its decision in respect to the charges against Dr. Krause.

Click HERE for full details of the decision.

REGISTRAR NOTES

ANNUAL GENERAL MEETING

The College came under the Regulated Health Professions Act (RHPA) effective January 1, 2019. There have been a number of changes at the CPSM.

One of the new specifics of the RHPA that I would like to bring to your attention is that members may vote on approving the College's Bylaws at the Annual General Meeting of the membership. The CPSM Annual General Meeting is open to all members and the public. The meeting will be held on June 21, 2019 at 8:00 a.m. at the Viscount Gort Hotel, 1670 Portage Avenue, Winnipeg MB.

Items on the agenda include the Code of Ethics and Professionalism and reports on major activities of the College over the past year. Please review the announcement and further details that can be found on our website at **www.cpsm.mb.ca**. Please attend - I hope to see you there.

PRESCRIBING PRACTICES PROGRAM

The CPSM is pursuing a number of initiatives relating to prescription opioids. The CPSM Prescribing Practices Program includes the following components:

- Chief Medical Examiners` Death Review
- High Dose Opioid Prescribing Review
- CPSM Opioid Prescriber Profile
- Fentanyl Prescribing Review
- Generic Oxycontin Prescriber Education
- Opioid Agonist Treatment (methadone and buprenorphine/naloxone) Prescriber Training, Mentoring and Auditing
- Opioid Prescribing Standard and Resources
- Individual Information Case Support/Mentoring

I am sure that you can appreciate how important this work has become as we find ourselves in the throes of the opioid crisis.

MEMBER PARTICIPATION ON COLLEGE COMMITTEES

Some of you will have received an email from me requesting participation on the College's Inquiry Committee Panels. We received an overwhelmingly positive response with over fifty members indicating their interest. The names will be considered and then be brought to Council in June for appointment to the Committee for a one year term.

I want to thank everyone who responded and is willing to put their name forward to participate in the College and its governance.

DR. TERRY BABICK'S RETIREMENT

After 20 years of service with the College Dr. Babick advised me early this year that he plans to retire at the end of 2019. Dr. Babick began working with the College in 1999 working in the complaints department as a consultant and then became the Deputy Registrar in May 2002. He oversees the Standards Department, accredited non-hospital facilities operated by physicians throughout the province and the Manitoba Quality Assurance Program (MANQAP) which is responsible for accreditation of diagnostic imaging, laboratories, and transfusion medicine facilities. Dr. Babick was instrumental in establishing the College's Physician Health Program which works collaboratively with physicians experiencing health issues. He has been an invaluable asset to the College and we wish him well in his retirement.

With the announcement of Dr. Babick's retirement the CPSM sought the assistance of Harris Leadership Strategies to facilitate the search for an Assistant Registrar to take over that portfolio. The search is ongoing, and I will keep you updated as to the outcome.

NEW PRESIDENT

I would like to thank Dr. Eric Sigurdson for serving as President of the College of Physicians and Surgeons of Manitoba for the past two years.

I wish to welcome Dr. Ira Ripstein, your new President as of the completion of the June 2019 Annual General Meeting. Dr. Ripstein is an Emergency Room Physician at the St. Boniface Hospital and also the Associate Dean of Undergraduate Medical Education at the Max Rady College of Medicine. I would also like to welcome Dr. Jacobi Elliott, a rural family physician as our President-Elect.

I look forward to the next two years working with these physician leaders continuing present initiatives and exploring new opportunities to fulfil our mandate of public protection.

If anyone has any comments on this newsletter or would like to see specific topics in the newsletter, please contact me with your ideas. I can be reached at TheRegistrar@cpsm.mb.ca.

Anna M. Ziomek, MD *Registrar/CEO*

Max Rady College of Medicine

Message from Dr. Brian Postl, Dean, Max Rady College of Medicine

Dean, Rady Faculty of Health Sciences & Vice-Provost (Health Sciences), University of Manitoba

We recently underwent our Undergraduate Medical Education (UGME) **accreditation** site visit April 28-May 1. Our preliminary feedback was positive. The final decision remains with the Committee on Accreditation of Canadian Medical Schools (CACMS.)

Overall, it was an outstanding effort by all. Thank you to all of the faculty, staff, learners and our many partners and affiliates who have contributed to our UGME program.

I want to share some highlights of how the landscape at the Max Rady College of Medicine has been transformed since our last accreditation in 2011 – and remind everyone that we can be proud of many positive changes and accomplishments during this time.

New Rady Faculty of Health Sciences

In 2014, the University of Manitoba established the new Faculty of Health Sciences bringing together the colleges of Dentistry, Medicine, Nursing, Pharmacy and Rehabilitation Sciences and positioning the University of Manitoba as a leader in interdisciplinary education, research, clinical practice and community engagement.

In 2016, Ernest and Evelyn Rady, through the Rady Family Foundation, made a **$30 million donation** to the U of M, the largest in the university's history, in honour of Ernest's parents, Rose Rady and Dr. Max Rady (a 1921 MD grad). In recognition of this monumental gift, the university renamed the FHS the **Rady Faculty of Health Sciences** and the medical college the **Max Rady College of Medicine**.

Curriculum Review

The Max Rady College of Medicine responded to the rapid changes in medicine and launched a complete review and revision of its **UGME curriculum** starting in 2010. The result is a fully integrated spiral scaffold curriculum spanning four years, with fewer lectures and more small-group, interactive, and self-directed sessions.

The new curriculum emphasizes the importance of social responsibility, health advocacy and professionalism and is delivered through modules along with longitudinal courses in Indigenous Health, Population Health, Professionalism, Clinical Skills and Clinical Reasoning. The curriculum was introduced in 2013 with a new clerkship program and the following year with pre-clerkship. The Class of 2018 was the first cohort to complete the entire new curriculum.

Research

In 2017, the Max Rady College of Medicine held annualized **research** funds of $103.5 million, a 16.6 per cent increase over 2016 and a 38 per cent increase over 2015. Currently the Max Rady College of Medicine has 17 Canada Research Chairs and an additional 21 endowed chairs or professorships. Ongoing initiatives include greater support for **student research** with expansion of the summer research positions to include Med 1 summer positions in addition to the established Med 2 summer positions and the B.Sc. (Med) program. More than 50 per cent of students in Med 1 and Med 2 are involved in summer research programs.

Social Accountability

An important driver of change at the Max Rady College of Medicine is the principle of social accountability. The medical college strives to be responsive to the communities it serves. This includes incorporating community-based learning into the new curriculum, supporting four **Habitat for Humanity builds** over the past six years, and adding **interprofessional learning** sessions to orient students to the social service agencies that provide a wide range of services to the inner-city community around Bannatyne campus.

Since September 2016, all Max Rady College of Medicine medical students are required to participate in 46 hours of service learning experiences during pre-clerkship training. This year, we partnered with 36 community organizations in this initiative, supported by the **Office of Community Engagement**, connecting students with the local community.

Indigenous Respect & Achievement

The Max Rady College of Medicine integrates within its **strategic plan** the respect of Indigenous peoples and their history, and the promotion of Indigenous achievement.

On June 2, 2017, the Rady Faculty of Health Sciences launched the Indigenous Institute of Healing - **Ongomiizwin**, led by Dr. Catherine Cook, vice-dean, Indigenous. This brings together Ongomiizwin-Research, Ongomiizwin-Education and Ongomiizwin-Health Services (formerly the J.A. Hildes Northern Medical Unit which has provided physician services to more than 30 Northern communities since 1969)–to form the largest Indigenous education and health unit in Canada.

Ongomiizwin also leads the implementation of the faculty's **Reconciliation Action Plan**. Efforts have included faculty education on cultural safety, integration of Indigenous health into the UGME curriculum, provision of Indigenous health services to remote communities, and support and mentorship of students of Indigenous ancestry.

EXTENDED AND AFTER HOURS WORKING GROUP
SUMMARY OF FINAL MEETING

Many of you may be interested in this update on continuity of care principles that formed a part of "Statement 190". A Working Group has worked on aspects of this, including pilot projects that the CPSM has informed its membership of in its Council meeting summary updates provided to the entire membership.

The process and key findings of the Extended Hours Demonstration Initiative were explored (see attached Key Findings document and Report on the Extended Hours Demonstration Initiative).

In 2015 the Council of the College voted to defer implementation of Statement 190 Practice Coverage – After Hours and Vacation to allow for feedback, examine current systems, consider exemptions, and work with partners to ensure options were in place. Since then there has been numerous health care system changes that go a long way to provide for after hours and extended hours care, including the development of Walk-In Connected Care Clinics. Furthermore, significant data has been gathered on continuity of care, from the perspective of the health care system, individual physicians, and patients.

Recognizing the important elements of access and continuity of care for patients, at its meeting in March 2019 CPSM Council reviewed Statement 190 again. A motion to rescind Statement 190 was tabled for future consideration, recognizing the principles giving rise to Statement 190 remain applicable, though the method of mandating its implementation was incorrect in the absence of health care system supports.

All physicians in attendance were supportive of the demonstration initiatives and the measured approach being taken by the College along with collaboration of numerous partners. The College now intends to observe the healthcare system developments advancing continuity of care, including Shared Health and Doctors Manitoba, and others, will continue with such initiatives.

Multiple physicians raised items of concern and suggestions for future success:

- Utilizing the Provincial Health Contact Centre or some other type of call-in system that can provide triage and screening to support and enhance after hours care.
- The need for a province-wide EMR and/or connectivity between EMRs is fundamental for effective physician-to-physician communication regarding patient care.
- Establishing a website of clinics offering extended and after hours care to inform the public of options would be of assistance.
- Physician burn-out must be guarded against by ensuring any extended or after hours work is done by shifting hours, sharing work, and not increasing hours.
- While communicating care is important, not every episodic care incident has to be communicated (Heart attack yes, sprained ankle no) to respect physician's time. Additionally, fee for service physicians should be compensated for such reviews of episodic care.
- Extended and After Hours care may give rise to increased costs (overhead and staff) which in turn should be compensated.
- Connecting independent practicing family physicians and specialists to the system is critical as they are not linked either to a hospital or an RHA and their patients may require care outside of the ER and not within their regular office hours.
- The current climate of health care transformation can provide many opportunities for enhancing continuity of care, and creative planning can seize this in a timely fashion.
- Other regulated health professions' scopes of practice are growing so a new practice model of collaborative care should be developed within the Regulated Health Professions Act.

It was agreed that the Report on the Extended Hours Demonstration Initiative was final and that this Extended and After Hours Working Group be ended.

Organizations in Attendance:

- College of Physicians and Surgeons of Manitoba
- Doctors Manitoba
- Shared Health
- Manitoba Health, Seniors, and Active Living
- College of Family Physicians of Canada (Manitoba Chapter)
- Five Physicians representing Specialist Practices

COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

ANNUAL GENERAL MEETING

Friday, June 21, 2019
Viscount Gort Hotel
1670 Portage Ave, Winnipeg, MB
8:00 am – 10:30 am

FOLLOWED BY MEETING OF COUNCIL
10:30 am – 2:30 pm

QUALITY IMPROVEMENT PROGRAM

We are happy to announce that the Quality Improvement Program has been launched. Following a pilot in the fall of 2018, the first group of randomly selected family physicians began the program in January. A second group has started mid March. Specialists will begin to join the process in 2020.

The program encourages continuing quality improvement activities and continuing practice improvement for its members. As well, it will provide a new mechanism for the CPSM to interact with members to gather detailed information about their practice, to encourage them to reflect on this information, and to plan their continuing professional development (CPD) and ongoing practice improvement around needs they identify in their practice. Over time, this should lead to improved care for their patient populations. Lifelong learning is ideally related to each of our practices and enables us to better serve our patients and communities.

We have received positive feedback from our participants to date. The information submitted by our members confirms the broad range of activities that many of them are involved in. Physicians play many roles apart from their clinical roles. Many are involved in teaching, administration, or community leadership. Their commitment to the profession and to their communities is strong.

You are reminded that you can find information about the review process as well as frequently asked questions on our website at www.cpsm.mb.ca.

We invite any questions or input that you may have. Please feel free to contact the Quality Improvement Program at quality@cpsm.mb.ca or by phone at 204-774-4344.

Sincerely,

Anna Ziomek, MD
Registrar/CEO

Marilyn Singer, MD, CCFP
Consultant for Quality Improvement

Resources for Substance Use and Addiction Issues

Physicians often contact the College with questions regarding resources for their patients who are experiencing difficulties with a variety of substance use and addiction issues. Other calls involve difficulties with prescribed opioids where there is no current clear diagnosis of ongoing chronic pain, addiction or a range of related issues. Providers often seek support in establishing a clear diagnosis and determining appropriate treatment options moving forward.

The link below includes some valuable resources for patients who are experiencing these problems, along with their care providers. While the College made every effort to verify the accuracy of this information at the time of this publication, we are happy to hear from anyone who may wish to assist us in updating any incorrect information. We hope that this information is useful to you!

↱ Valuable Resources

Marina Reinecke MD
Medical Consultant
Prescribing Practices Program

Sickness Certificates

Sickness certificates are a frequent source of inquiries at the College – whether from physicians, employers, or insurers. As a reminder, the Standards of Practice of Medicine set out the requirements with which members must comply.

B. Medical Information to Third Parties and Sickness Certificates

53(1) When providing medical information to any third party, a member must:

(a) ensure that there is consent from the patient to provide information to the third party unless otherwise required by law;

(b) limit the information provided to that covered by the patient's consent;

(c) limit information to that specifically required by the third party within the scope of the patient's consent;

(d) ensure that all statements made are accurate and based upon current clinical information about the patient;

(e) limit the statements to and identify the time period with respect to which the member has personal knowledge.

53(2) When providing a sickness certificate (i.e. a document provided by the member at the request of the patient to provide to the patient's employer and/or insurer specific information to verify the patient's illness/injury):

(a) avoid diagnostic terms;

(b) Information provided may indicate:

(i) prognosis relative to the work situation;
(ii) activity limits and ability limits;
(iii) risk factors (to the patient and to others).

(c) have accurate information about the requirements of the patient's job before giving an opinion on fitness to work;

(d) be aware of and take into account the provisions of *The Personal Health Information Act*.

53(3) When providing a sickness certificate on the basis of a history provided by telephone or following an office visit where clinical evidence of the illness does not continue to be evident, specifically say so in the sickness certificate. A member must not imply that the member has evidence of an actual diagnosis if the information is restricted to history or examination that is non-contributory.

Medical Practice (Clinic) Names

Members are required to seek the Registrar's approval of the name of their medical practice or clinic. In fact, no one may practice medicine under any other name without such approval. If you have not sought approval, please do so now by emailing the Registrar at TheRegistrar@cpsm.mb.ca.

The Practice Direction on Medical Corporations and Clinic Names establishes the criteria the Registrar takes into account in granting approvals:

5.1.1 The proposed facility, clinic or business name must not imply expertise inconsistent with the qualifications of the licensed members practising at the facility.

5.1.2. The proposed facility, clinic or business name must not mislead persons as to the nature of the facility, clinic or business by using terms intended to impress rather than inform.

5.1.3. The proposed facility, clinic or business name must not so closely resemble the name of an existing approved facility, clinic, or business name so as to be, in the opinion of the Registrar, likely to create confusion.

Email Address

Reminder – A current email address is mandatory under the requirements for licensure and re-licensure. You must inform the College if you change your email address. Changes may be submitted to: **registration@cpsm.mb.ca**.

Your email will not be made available to the public.

If you do not update your email address you will miss out on important correspondence from the College.

REGISTRATION DECISIONS DIGEST

The College is statutorily responsible for regulating the practice of medicine in the public interest in Manitoba. As an aspect of the College's responsibility to regulate the practice of medicine in the public interest, the College plays an important role in determining qualifications and the demonstration of all criteria, including the good character and competence required to be a member of the College.

The Registrar denies registration to those applicants who do not meet the many criteria for registration. The applicants have the right to appeal these decisions to the Executive Committee of Council. The Executive Committee hears the appeal and issues a decision. The applicant's name is not made public, as they are not members of the College.

The Registrar may refer a matter to the Executive Committee to revoke the registration of a member on various grounds, separate from the discipline process. These decisions are public as they are members of the College.

With the increased transparency of the RHPA, the College will provide a brief summary of the denial of registration appeal decisions and will post on its website the entire appeal decision for the revocation of registration.

Applicant with Criminal Record Relevant to Suitability to Practice

The applicant physician was denied registration on the basis of their criminal record in the United States, including a significant period of incarceration relating to prescribing practices of narcotics. Additionally, the physician had their licence to practise medicine revoked in various US states. The Executive Committee was required to take a good hard look at the available evidence to make an appropriate determination as to whether this applicant has been convicted of an offence that is relevant to his or her suitability to practise medicine.

Where an applicant for registration is involved in a matter in their professional role that reflects directly on their character while performing that role, the Executive Committee was satisfied that there is not proper evidence of good character. The Registrar's decision to deny registration was confirmed.

Applicant with Competence to Practice Concerns

The applicant had registered briefly with another Canadian college in a preliminary practice assessment category, broadly similar to the Manitoba Physician Assessment Program. The other College determined that the preliminary clinical assessment was unsuccessful because of unprofessional comments and the physician did not demonstrate competence in at least four of eight areas required of an independent general practitioner. Of the 110 separate clinical assessments, 48 were found to need improvement and 8 were unsatisfactory. To reapply in the other province, the physician would have to first complete one additional year in a university based accredited family medicine residency training program.

The Executive Committee noted that the applicant failed to satisfy the condition imposed to re-apply in the other province. Notwithstanding the other steps the applicant took to improve their medical practice, this condition remains outstanding.

The decision of the Registrar to deny the application because they did not meet the applicable eligibility requirements was upheld. The applicant was found not fit to engage competently in the safe practice of medicine.

Falsifying Registration Documentation

Subsequent to being registered with the College a member was charged criminally by the police with falsifying their criminal record check provided to the College in support of their application. The Registrar notified the member that she was seeking revocation, by the Executive Committee, of their registration.

Just prior to the Executive Committee hearing the revocation of the member's registration, the member resigned from the College and undertook not to practise medicine. Details are placed on the member's permanent Certificate of Professional Conduct which will be required for registration in other jurisdictions.

Note from the Registrar: Having a criminal record or being charged are not automatic grounds for denial of registration or revoking the certificate of practice (for instance DUI which is addressed in Physician Health or minor offence from youth). The Registrar reviews the particular criminal charges or record and makes a determination whether the applicant will practice medicine with decency, integrity, and honesty and in accordance with the law. For revocation, the Executive Committee considers whether the conviction is relevant to their suitability to practice. All members have an ongoing obligation to be honest with the College and to report all criminal charges and convictions.

Practice Address

Reminder – A current practice address is mandatory under the requirements for licensure and re-licensure. You must inform the College if you change your practice address. Changes may be submitted to: **registration@cpsm.mb.ca**.

CONGENITAL SYPHILIS IN MANITOBA

NOTICE FOR HEALTHCARE PROVIDERS RE: SYPHILIS SCREENING AND TESTING APRIL 2019

WHAT IS HAPPENING?

OUTBREAK:

- There is a large outbreak of Syphilis occurring in Manitoba. While case counts for 2018 are not yet complete, it is projected that syphilis cases for 2018 will be the highest on record.
- Cases diagnosed in women of childbearing age are continuing to rise in 2019.
- The first congenital syphilis case in over 30 years occurred in Manitoba in 2015.
- Over 10 infants have been treated for congenital syphilis in 2018-2019, the majority from Winnipeg and Northern Manitoba. Lack of prenatal care and substance use have been identified as risk factors.

WHO TO TEST?

Screen **ALL** pregnant persons for syphilis within the first trimester (in addition to testing for HIV and HBV).

Ask **ALL** pregnant persons:

- Do you engage in sex with multiple partners?
- Does your partner engage in sex with multiple partners?
- Do you use injection drugs?

If **YES** to any of these, then test for syphilis more frequently during pregnancy, in addition to screening for chlamydia, gonorrhea, HIV, HBV and HCV. This would entail screening at first prenatal visit, as well as at 28-32 weeks gestation and again at delivery.

Note: More frequent re-screening should occur during pregnancy if there are ongoing identified risks.

If a pregnant person is from the **Northern Health Region**:

Current recommendations should continue with enhanced syphilis screening of **ALL** pregnant persons who reside in the Northern Health Region regardless of risk profile or location of delivery. Syphilis screening should routinely take place at the initial prenatal visit, at 28-32 weeks gestation and again at delivery.

WHO TO TREAT WITHOUT TEST RESULTS?

ALL of the following persons (pregnant or not) should receive treatment for syphilis with Benzathine penicillin G (Bicillin®) 2.4 million units IM, without awaiting syphilis serology results (i.e., test and treat at the same time):

- Any person who presents with symptoms of primary or secondary syphilis (such as painless genital, anal or oral ulcer, skin rash involving palms or soles, patchy alopecia)
- Any person who is a direct contact of a person with confirmed primary, secondary or early latent syphilis
- Any asymptomatic person screened for syphilis who is considered at high risk of being infected (i.e., sex contact of a person with confirmed syphilis; person who injects drugs; person who has multiple sex partners) who is not likely to return for follow up

Persons who are **allergic to penicillin** should be treated with IM or IV ceftriaxone; if ceftriaxone cannot be administered, a penicillin desensitization protocol may be used; oral doxycycline should only be used as a last resort (third line treatment) and should not be used in pregnancy. Azithromycin should never be used due to high resistance.

WHO TO CONTACT FOR MORE INFORMATION?

Any comments or questions regarding syphilis can be directed to Manitoba Health, Seniors and Active Living at stbbi@gov.mb.ca

For more clinical management information about syphilis go to www.gov.mb.ca/health/publichealth/factsheets/syph_mgmt_tool.pdf

FROM THE STANDARDS COMMITTEE

A recent case referred to the Standards Committee from the Chief Medical Officer highlighted the need for caution in prescribing Amitriptyline in elderly patients with cardiovascular disease or multiple risk factors for same.

A 70 year old female was prescribed 250 mg daily for depression, which she had been on several years previously. Although there was no history of cardiac disease, she did have several risk factors and associated conditions including obesity, hypertension, rheumatoid arthritis and emphysema. Cause of death was felt to be Amitriptyline toxicity with probable arrhythmia in the setting of an enlarged heart. Tricyclic antidepressants can cause QRS prolongation, ventricular tachycardia, hypotension and aggravate existing conduction defects. Although therapeutic dosing can range between 75-150 mg/day for outpatients and occasionally up to 300mg/day for inpatients, dose reduction or alternative therapy should be considered for elderly patients with cardiac disease or associated medical conditions.

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