

Conflict-management system needed in ERs: jury

A coroner's jury in Ontario says all hospitals should consider developing formal conflict-management policies for their emergency departments, but the organization representing the country's emergency doctors say this recommendation is probably unworkable.

The inquest examined the circumstances surrounding the death of Angelina Peluso from complications of gastrointestinal hemorrhage. Peluso, who was 68, had a history of hepatitis C infection, diabetes and hypertension. In November 1998 she was taken to the emergency ward at York Central Hospital in Richmond Hill, Ont., because of back discomfort. She was subsequently diagnosed with gastrointestinal bleeding, thought secondary to ASA ingestion, and a gastroscopy was scheduled for the next morning. Her family twice asked the internist to arrange for the test that evening, but he refused. Peluso died during the night.

At the core of the inquest was the dispute between the family and internist on call. Although the hospital had a conflict-management policy, the family was not made aware of its existence. As a result, the coroner's jury recommended that all hospitals consider instituting a

formal conflict-management policy for emergency wards and post notices that the service is available.

Dr. Doug Sinclair, chief of emergency medicine at Halifax's Queen Elizabeth II Health Sciences Centre, says most hospitals already have these policies in place, but the process usually takes a few days and the necessary personnel usually aren't available after hours, when many of these disputes occur. "There is a real issue around this, especially after hours," says Sinclair, who heads the Canadian Association of Emergency Physicians. He also said that conflict management is being made more difficult because many of the managers needed to resolve such disputes have been laid off.

A medical expert on dispute resolution says a number of emergency staff ought to be trained so that someone is always available. Stanford University Medical Centre is setting up such a system. "There's fairly good evidence that [conflict resolution] works," said Dr. Rob Robson, director of Mediate.com. Staff are pressed for time, he agrees, but it take even "more time to deal with significantly unhappy, dissatisfied patients."

Some Toronto hospitals recently an-

nounced that they will hire extra guards for their emergency departments. "It's the wrong approach," says Robson.

Coroner Karen Smith said the Richmond Hill case pointed to the need for improved communication. "The family did not know that they could make a complaint and get help. The jury felt that if some information had been posted the conflict may have been resolved and this lady might have been saved." — *Barbara Sibbald, CMAJ*

Winnipeg clinic opens over minister's objections

A private medical clinic opened in Winnipeg this spring despite angry objections from the province's minister of health (see *CMAJ* 2001;164[6]:857). "We don't want private hospitals in Manitoba," said Manitoba Health Minister Dave Chomiak. "They go against everything that medicare stands for."

The dispute began when British Columbia physician Mark Godley approached the New Democrat government about building a "state-of-the-art" clinic in Winnipeg that would include 3 or 4 beds to allow patients to stay overnight following a procedure.

Godley was stonewalled by the health department because the Manitoba government opposes private clinics, but Chomiak finally admitted that he did not have the authority to prevent construction of a clinic for ambulatory, day-surgery patients. However, he was adamant that the clinic would not have beds for overnight stays while he was minister.

"We don't want private hospitals in this province ... [and] we intend to make it ironclad that private facilities will not be open overnight," Chomiak said. Godley, who owns a similar clinic in Vancouver, went ahead and built the Winnipeg clinic anyway, without the overnight beds. The \$3-million Maples Surgical Centre in North Winnipeg, which opened in May, will employ up to 32 doctors in areas such as plastic, eye and dental surgery. — *David Square, Winnipeg*



MSF photo

Visit a refugee camp — in Canada

Imagine you have 3 minutes to gather your family and leave your home for a refugee camp. This scenario will be played out in 5 Canadian cities this fall when a refugee camp (www.msf.ca/refugeecamp) created by Médecins Sans Frontières will be taken on a national tour. The public exhibit, which will include a health clinic, latrines, vaccination area and shelters, is designed to draw attention to the plight of the roughly 39 million refugees and internally displaced persons around the world.

"For many people living in Canada it can be difficult to imagine what the lives of displaced persons are like, how the very things most of us take for granted — clean drinking water, shelter, an adequate food supply — can disappear with the blink of an eye," says MSF spokesperson Tommi Laulajainen. The camp will be set up in Halifax, Montreal, Ottawa, Toronto and Vancouver. — *CMAJ*