

# Draft Code of Conduct – College of Physicians and Surgeons of Saskatchewan

## Introduction

Integrity, trustworthiness, compassion and ethical conduct are the foundation of the practice of medicine. Patients, co-workers, learners and others in the healthcare workplace expect professional behavior from physicians; this behavior has an enormous impact on how health care is delivered and received.

The vast majority of physicians act professionally, and research shows this contributes to a healthier workplace and good patient outcomes. Alternatively, inappropriate physician behavior can lead to a number of issues in the healthcare environment, including:

- negative effects on patient safety and quality of care;
- erosion of relationships with staff, patients, learners and families;
- difficulty recruiting and retaining staff;
- reduced work attendance by co-workers and colleagues; and
- adverse impacts on a physician's health and/or reputation.

In order to address these issues, expectations of physicians must be clear.

The *Code of Conduct* is intended to:

- support a culture that aids and encourages effective care of patients and values professionalism, integrity, honesty, fairness and collegiality;
- promote an optimally caring environment of quality and safety for the health and well-being of patients and families, physicians, nurses, other healthcare providers, learners, teachers and others in the healthcare workplace;
- help physicians meet the principles outlined in the Canadian Medical Association (CMA) *Code of Ethics* and the policies, standards and guidelines adopted by CPSS;
- help physicians model and teach professional behavior;
- encourage open and respectful discussion related to the delivery of health care; and
- support physicians and others in addressing physician behavior that does not meet professional expectations.

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## GENERAL PRINCIPLES

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The *Code of Conduct* is based on the following ethical and professional principles:

- Strive for high-quality patient care.
- Focus on safety.
- Treat others with respect.
- Maintain confidentiality.
- Do the right things for the right reasons.
- Be aware of your professional and ethical responsibilities.
- Be collaborative.
- Take action when inappropriate behavior occurs.
- Communicate clearly.

### Scope of the *Code of Conduct*

The *Code of Conduct* applies in any environment where a physician interacts with patients, colleagues, co-workers, learners and others in the healthcare workplace, including physical workplace, telephone, videoconference and online. The *Code* also applies in any situation where a member can be identified by the public as a physician, such as public appearances, printed media and online networks where information may be shared.

The *Code of Conduct* clarifies the CPSS' expectations of Saskatchewan's physicians in all stages of their careers, in all facets of medicine, and in all methods of care delivery.

The *Code of Conduct* is consistent with the CMA's *Code of Ethics* and complements the policies, standards, guidelines and bylaws adopted by CPSS. Physicians are expected to know and abide by these rules; any breach of professional behavior will be judged against these foundational documents.

While the *Code of Conduct* outlines expectations regarding professional behavior, when inappropriate behavior occurs the CPSS will consider:

- the physician's fitness to practise, which must be addressed; and
- systemic issues within the healthcare system.

NOTE: Although these stressors must be identified and considered, they **cannot** be used as an excuse for inappropriate behavior.

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## SPECIFIC EXPECTATIONS

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### Accountability

*The CPSS expects that physicians will:*

- (a) Act, speak, and otherwise behave in the healthcare workplace in a way that promotes safety, high quality patient care and effective collaboration with others on the healthcare team.
- (b) Maintain high standards of personal and professional honesty and integrity.
- (c) Take responsibility for their own behavior and ethical conduct regardless of the circumstances.
- (d) Be accountable for their personal decisions, actions or non-actions in the workplace.
- (e) Record and report accurately and in a timely fashion clinical information (history, physical findings and test results), research results, assessments and evaluations.
- (f) Communicate with integrity and compassion.
- (g) Cooperate with the CPSS when the CPSS is involved in a regulatory activity that involves the physician or the physician's practice.
- (h) Accurately attribute ideas developed with others and credit work done by others.
- (i) Deal with conflicts of interest, real or perceived, openly and honestly.
- (j) Engage in lifelong learning.

### Confidentiality

*The CPSS expects that physicians will:*

- (a) Regard the confidentiality and privacy of patients, research participants and educational participants, as well as their associated health records, as a primary obligation.
- (b) Ensure confidentiality by limiting discussion of patient health issues to settings appropriate for clinical or educational purposes and to caregivers with a need to know that information. Discussion with others will occur only with explicit patient consent or as permitted by legal and ethical principles.
- (c) Know and comply with applicable legislation regarding confidentiality and health information.

### Respect for Others

*The CPSS expects that physicians will:*

- (a) Interact with patients and families, visitors, employees, physicians, volunteers, healthcare providers and others with courtesy, honesty, respect, and dignity.

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- (b) Refrain from conduct that may reasonably be considered offensive to others or disruptive to the workplace or patient care. Such conduct may be written, oral or behavioral, including inappropriate words and/or inappropriate actions or inactions.
  - (c) Respect patient autonomy at all times by appropriately discussing investigation and treatment options with the competent patient and, only with the patient's consent, identified other persons.
  - (d) Respect their patient's right to have a prescription filled at the place and by the person of the patient's choice.
  - (e) When the death of a patient appears to him to be inevitable, act so that the death occurs with dignity. Physicians will also take reasonable steps to ensure that the patient obtains the appropriate support and relief.
  - (f) Respect the patient's freedom of choice by indicating to the patient, on request, the places where the patient may receive the diagnostic or therapeutic services when the physician issues the patient a prescription or a referral form.
  - (g) Ensure appropriate consultation occurs when a patient lacks the capacity to make treatment decisions, except in emergency circumstances.
  - (h) Respect the personal boundaries of patients and their rights to privacy and confidentiality; refrain from physical contact outside the proper role of a physician, sexual overtures and behaviors or remarks of a sexual nature.
  - (i) Respect the personal boundaries of co-workers and their rights to privacy and confidentiality; refrain from unwanted physical contact, sexual overtures and behavior or remarks of a sexual nature.
  - (j) Avoid discrimination based on, but not limited to, age, gender, medical condition, race, color, ancestry, national or ethnic origin, appearance, political belief, religion, marital or family status, physical or mental disability, sexual orientation or socioeconomic status. (NOTE: In human rights legislation, this is known as "protected grounds".)
  - (k) Allow colleagues to disagree respectfully without fear of punishment, reprisal or retribution.
  - (l) Not harass, intimidate or threaten a person with whom the physician is connected in their practice of medicine
  - (m) Recognize the important contributions of colleagues, whether generalists or specialists.
  - (n) Try to assist a colleague who presents a health problem likely to affect the quality of the colleague's practice.

## **Responsible Behavior**

*The CPSS expects that physicians will:*

- (a) Ensure patient care and safety assume the highest priority in the clinical setting. The duty of physicians to advocate for patients does not excuse or justify unacceptable behavior; it must be done constructively.

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- (b) Provide the medical follow-up required by a patient's condition after undertaking an examination, investigation or treatment of a patient unless the physician has ensured that another physician, another professional or another authorized person has agreed to do so.
  - (c) After referring a patient to another physician, continue to assume responsibility for that patient until that other physician takes responsibility for the patient care
  - (d) When referring a patient to another professional, provide that professional with any information the physician possesses which is pertinent to the examination, investigation and treatment of that patient.
  - (e) When a physician has received a referral from another professional, provide that professional with appropriate information to allow that professional to understand the conclusions and recommendations related to the care of that patient, including the physician's expectations for follow-up care for that patient.
  - (f) When adjusting a medication or a medication therapy ensure that the prescription includes measures for the medical management or follow-up, if required
  - (g) Disregard any intervention by a third party which could influence the performance of the physician's professional duties to the detriment of their patient, a group of individuals or a population.
  - (h) Not accept any arrangement that limits their responsibility to practise medicine ethically, competently and in accordance with CPSS standards, policies, guidelines and bylaws. This expectation applies whether the physician practises alone or with other physicians.
  - (i) Only provide care or issue a prescription when these are medically indicated.
  - (j) Provide patients with the necessary information to understand the cost for any uninsured services provided, before the services are provided. In particular, physicians will clearly identify the fees to be charged and the price to the patient of medical supplies, apparatus, medications and products.
  - (k) Attend to their health and well-being to enable attendance to professional responsibilities.
  - (l) Recognize limitations and seek consultation or help when personal knowledge, skills or physical/mental status is inadequate or compromised.
  - (m) Maintain professional boundaries. That includes refraining ~~refrain~~ from providing care to individuals where a dual relationship <sup>\*</sup> exists and objectivity may be challenged; in circumstances where refraining is not reasonably possible, ensure care provided is transparent, objective and defensible.
  - ~~(n)~~ If they have responsibility to supervise or assist others, will do so appropriate to their needs and level of expertise.
  - (o) Ensure that persons who are an associate, employee or assistant of the physician and who engage in the practice of medicine are authorized by law to do so. Physicians will not authorize persons who are not physicians to perform acts that are only to be provided by practising physicians. Physicians will not collaborate with anyone who illegally practises medicine. <sup>\*\*</sup>

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- (p) Be willing to participate in quality improvement initiatives and strategies to deal with errors, adverse events, close calls and disclosure.
  - (q) Express opinions on healthcare matters in a manner respectful of others' views and the individuals expressing those views.
  - (r) When conducting professional activities, abstain from exploitation of others for emotional, financial, research, educational or sexual purposes.
  - (s) Teach and model the concepts of professional behavior in research, clinical practice and educational encounters.
  - (t) Encourage and model language, appearance and demeanor appropriate to the professional healthcare setting.
  - (u) Endeavor to model professional behavior in all public settings, including online settings, particularly when there is limited ability to separate personal and professional identities.
  - (v) Avoid misuse of alcohol or drugs that could impair the ability to provide safe care to patients.
  - (w) Attend to other factors that could impair the ability to provide safe care to patients.
  - (x) Address breaches of professional conduct, scientific conduct or unskilled practice by another healthcare professional by discussion directly with that person or, if necessary, by reporting to the appropriate authorities using established procedures. Refrain from trivial or vexatious reports that unjustly discredit the healthcare system or the reputation of other members of the healthcare, research or academic team.
  - (y) Know and adhere to the policies, standards, guidelines and bylaws adopted by CPSS
  - (z) Participate in professional development and be willing to participate in assessment processes.
  - (aa) Respect the authority of the law and understand professional and ethical obligations.

\* Dual relationship refers to when multiple roles (personal, professional, business or social) exist between a physician and a patient.

\*\* There may be very rare circumstances in which individuals may be providing healthcare and for whom there is no regulatory body which can grant a licence to practise. This is not intended to prohibit collaboration in such circumstances

### **Acknowledgement**

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