



POLICY

Withdrawal of Physician Services During Job Action

STATUS:	APPROVED
Approved by Council:	December 1999
Amended:	September 2022
To be reviewed:	September 2027

Preamble

The College of Physicians and Surgeons of Saskatchewan:

1. Recognizes that the public, the medical profession and the Government of Saskatchewan are concerned about the quality and accessibility of health care;
2. Acknowledges the right of physicians to withdraw their services under specific circumstances;
3. Reaffirms that discontinuing services to existing patients without arranging alternative services or providing reasonable notice is professional misconduct;
4. Acknowledges that it has an obligation to communicate clearly to all parties what it expects from the medical profession in Saskatchewan during a time of withdrawal of services;
5. Recognizes that the ultimate responsibility for any withdrawal rests with each individual physician to act in the public interest and to ensure that their actions are consistent with the ethical and professional standards expected of registrants.

Definitions

Job action: the threatened or actual withdrawal of services to further a negotiating position during a dispute.

Withdrawal of services: for the purpose of this policy, withdrawal of services is defined as a limit to the services an individual physician or group of physicians provide to further a negotiating position during a dispute.

Closing/leaving practice: the discontinuation of practice with no intention of returning, a leave of absence more than 12 months or a significant move from the current practice patients could not reasonably be expected to travel. See the Policy: *Physicians/Surgeons Leaving Practice* for more information.

Urgent/emergent: a condition is considered “urgent” when it is not life-threatening, but requires care in a timely manner as generally accepted by the medical profession for the patient’s medical condition; “emergent” care is medical care that, if not provided, would likely result in the need for crisis intervention due to concerns of potential danger to self, others or grave disability.

Professional responsibilities: in accordance with the College’s Standards, Policies and Guidelines, the *Code of Ethics* in bylaw 7.1 and the *Code of Conduct* in bylaw 7.2.

Transfer of care: the transfer of full or partial responsibility for a patient’s care to another healthcare provider, consisting of clear communication (including a timely written summary) to the accepting healthcare provider, as well as identifying roles and responsibility to the patient.

Entire group: the makeup of a group is contextual and will depend on the resources available to the community.

What does the College expect from physicians who wish to withdraw services?

The College expects and is confident that:

1. Individual physicians will adhere to their ethical obligations and avoid placing their patients at undue risk;
2. Physicians in Saskatchewan will act responsibly towards their patients during a period of withdrawal of services;
3. Physicians in Saskatchewan will provide adequate urgent/emergent ~~emergency~~ care and will ensure that their patients are not abandoned;
4. A plan will be put in place to ensure access to urgent/emergent ~~emergency~~ services in circumstances where groups of physicians decide to withdraw services at the same time.
5. Physicians choosing to withdraw their services will inform their patients of their decision and will make provision for access to urgent/emergent ~~emergency~~ services;
6. Physicians will recognize the need for ongoing monitoring of their patients with critical conditions which could deteriorate during a delay in treatment;
7. In order to protect patients in the event of withdrawal of services, physicians who provide longitudinal care must make arrangements for communication or consultation with other care providers to ensure the appropriate transfer of care of patients. This may require physician-to-healthcare practitioner communication in situations where another healthcare practitioner is required to re-assess patients;
8. In order to protect patients in the event of a withdrawal of services, physicians who do not provide longitudinal care must make arrangements for urgent/emergent care to be provided when required.
9. In order to protect patients in the event of a withdrawal of services, physicians must:
 - a) maintain awareness of the impact of the withdrawal of services on an ongoing basis to ensure the initial arrangements for patient care continue to be adequate; and
 - b) if urgent/emergent care requirements are not being met, alter the arrangements to ensure patients receive adequate care;
 - c) if not all physicians providing the care have withdrawn their services, maintain awareness of the effect of the withdrawal of services on those physicians to achieve an equitable degree of responsibility for urgent/emergent patient care.

10. When contemplating a job action, physicians must first explore reasonable and available alternative options that may be available to resolve the concern that has motivated their desire to withdraw services.
11. In order to protect patients in the event of a withdrawal of services, physicians must provide written notification of the intended withdrawal of services to CPSS, the SHA and, if appropriate, to the College of Medicine.
12. An entire group of physicians or physician clinics, divisions or departments must not engage in a complete withdrawal of services. While individual registrants have the right to resign from any position with reasonable notice, which may be defined in contracts, an entire group of registrants must consider the following in relation to their ethical obligations and their obligations to their patients when a large group of physician is considering resigning;
 - a) Physicians are part of a social contract with the people of Saskatchewan and their patients. That social contract requires physicians to accept a fiduciary responsibility to those persons relying upon them for medical care;
 - b) The *Code of Ethics* which is part of the CPSS bylaws contains ethical expectations for physicians. Those expectations include responsibilities to patients and to society;
 - c) Physicians should be aware of, and comply with, other CPSS policies including *Physicians/Surgeons Leaving Practice* and *Patient-Physician Relationships*.

What does the College expect from physician members of Council?

The College expects that physician members of Council who are considering withdrawing their services will critically evaluate their actions in order to avoid a potential conflict of interest.

What can the public expect from the College during a withdrawal of physician services?

If the CPSS receives a complaint which states that, due to physician withdrawal of services, inadequate care is available to patients, or that there is an undue risk of harm to patients, the CPSS can evaluate the information to determine whether the alternative resources established are ineffective or inadequate, such that an undue risk of harm to patients has been created. If CPSS concludes that there is an undue risk of harm to patients, CPSS may insist that some or all of the physicians involved in the withdrawal of service must continue to provide medical services that are in alignment with this policy. In these circumstances, in accordance with its legislated responsibility to establish and enforce ethical and professional standards of practice, CPSS must consider the prevention of patient harm as its primary responsibility and take whatever action is available under *The Medical Profession Act, 1981* to meet that responsibility.

Obtaining Advice

Physicians may want to obtain independent legal advice from the Canadian Medical Protective Association (CMPA) or legal counsel regarding their legal responsibilities. CPSS staff are also available to provide guidance to physicians.