Ontario Medical Association

Submission to the
College of Physicians and Surgeons of Ontario’s Consultations:
Sexual Abuse Principles, Physician Treatment of Self, Family Members or Others Close to Them; Accepting New Patients; Ending the Patient-Physician Relationship

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The OMA appreciates the opportunity to comment on the CPSO’s consultations and offers the following comments.

Sexual Abuse Principles
In general, we support the principles that have been set out by the CPSO. The OMA continues to support initiatives that address and combat sexual abuse in medical practice. We offer the following minor suggestions that might enhance the strength of the principles. It is important to emphasize the fact that sexual abuse of patients causes widespread harm. Not only does it “undermine the relationship”, it also harms caregivers, families and communities. This could be stated under Principle 1. The OMA would also support a statement that highlights the importance of education regarding appropriate boundaries.

Physician Treatment of Self, Family Members, or Others Close to Them
The OMA is concerned that the policy approach taken to physicians treating “others close to them” is too broad. The policy’s current approach underscores the tremendous divergence between the CPSO and other regulatory colleges that take a more moderate approach to professionals treating individuals close to them. There are many instances where physicians have existing relationships with patients outside of formal physician-patient interactions. Physicians are able to provide excellent medical care in these circumstances. Physicians assess every patient encounter and consider the possibility that their objectivity in decision-making may be compromised. Regardless of the patient, physicians must practice in an ethical and professional manner.

Accepting New Patients
We agree that equity in health care is critical. However, the policy includes a statement that “professionalism entails ensuring that health care is fairly distributed to those most in need”. We do not agree that this is included in the definition of professionalism. At an individual level, physicians can and should consider access issues within their communities. However, it would be unrealistic to expect physicians to manage equitable distribution of health care across the system.

It is the OMA’s position that physicians must maintain the ability to balance their practice and their patient load. Enabling physicians to make good faith decisions about their practice will ensure sustainability of excellent medical care.
Ending the Physician Patient Relationship

In general, this policy is clear and fair. However, since these policies are for the public's information as well as for the profession's benefit, the CPSO may wish to emphasize the fact that both patients and physicians should be treated with respect throughout the physician-patient interaction. We also draw attention to the section entitled “situations where it is inappropriate for a physician to end a physician-patient relationship.” It is important to note that when a physician makes a referral to another provider due to conscientious objection, the patient may perceive that action as effectively ending the physician-patient relationship. However, conscientious objection to one service does not in itself indicate a breakdown of the relationship. This would apply in other circumstances as well - for example, in a situation where a physician refuses (in good faith) to prescribe a narcotic or opioid.

Thank you for considering these comments.