February 10, 2017

The College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario
M5G 2E2

Re: *Ending the Physician – Patient Relationship* Policy Consultation

To Whom It May Concern: **Via Email**

The Section on General and Family Practice of the Ontario Medical Association (SGFP or Section), represents over 11,000 practicing general physicians and family doctors in the province, and is the largest clinical Section within the Ontario Medical Association, comprising 1/3 of the total membership.

The Section appreciates the opportunity to comment on the College's draft policy relating to *Ending the Physician – Patient Relationship*. While we recognize this policy applies to consultant specialists, we will restrict our comments to those that apply to family doctors practicing in Ontario.

PRINCIPLES (articulated in the draft policy)

The draft policy outlines 5 key principles that form the basis of the expectations set out in this policy. We would modify principle #4 to read:

"Appropriately balancing the duties that are owed to patients, staff, colleagues, and themselves, including the duty to maintain physician work-life balance".

Modification of this principle recognizes the underlying premise of 'improved clinician experience' and the need to maintain provider well-being as articulated within the Quadruple Aim. Adopted by Health Quality Ontario, the Quadruple Aim, not only benefits patients and providers alike, but it is also becoming the gold standard for high-performing health care systems around the world.

ISSUES THAT NEED TO BE ADDRESSED IN THE DRAFT POLICY

Overall, we feel the draft policy provides useful guidance. We have a few suggestions for improvement.

1) While we appreciate that the draft policy recognizes that practice size may need to be reduced owing to the status of the physician's personal health, (line 92) this fact needs to be reflected in other parts of the policy document as well where it is suggested that physicians can only end their relationship with the patient when the patient poses a genuine risk of (implied physical) harm to the physician or office staff. It is conceivable that despite all best efforts of the physician, deterioration in the physician-patient relationship presents a very real psychological, emotional and ultimately physical health risk to the physician and this needs to be acknowledged as well (e.g, in lines 65, 84)

2) It appears as if this draft policy is primarily written from the lens that family doctors only provide care in their offices. This would be a wrong assumption and a serious shortcoming in the draft that ignores the true value family doctors provide to Ontario's health care system.

   Serving over 155,000 people PER DAY[1], Ontario's family doctors take care of patients and families in their home, in our offices, in retirement homes, in long-term care facilities, in hospices, in emergency rooms and in hospitals.

   Physicians may need to reduce practice sizes in order to balance the care and services they provide to their remaining patients and to the larger community. This should be recognized and incorporated into the CPSO document.

3) With respect to line 101 in the policy document that "physicians must not selectively or disproportionately discharge difficult or complex patients", it is important to recognize there will be situations where there are inadequate system and practice supports available to some family doctors which hamstring their ability to provide the level of complex care some of their patients may need. This is particularly true for solo practitioners. In this situation, it may be in the best interests of the patient for his/her family doctor, where possible, to assist the patient in finding an alternate provider or group that best meets the patient's needs.

4) Line 142 states "physicians must not end the physician-patient relationship solely because the patient has sought care outside of a rostered practice." It should be stated in the CPSO document that de-rostering may not end the relationship as many PEM physicians continue to provide care to those patients on a fee-for-service basis moving forward.

   In fact, de-rostering the patient, but continuing to provide care on a fee-for-service basis provides a unique learning opportunity for patients. The ensuing discussion as to why

[1] Data Source: OMA Economics, Research and Analytics Department, October, 2016.

that patient is being de-rostered can remind him or her of their responsibility in maintaining the doctor-patient relationship.

We should not be afraid to remind patients that they are expected to use the health care system appropriately. Accountability for sustaining our health care system cannot rest on the shoulders of physicians alone. This is a foundational element of maintaining the strength of the family doctor- patient relationship.