Ontario Medical Association

Submission to the College of Physicians and Surgeons of Ontario's Physician Services During Disasters and Public Health Emergencies General Consultation

October 2017

OMA Submission to the College of Physicians & Surgeons of Ontario's General Consultation on Physician Services During Disasters and Public Health Emergencies

The OMA appreciates the opportunity to comment on the College's draft document "Physician Services During Disasters and Public Health Emergencies". The OMA acknowledges that the College has approached the issue of physician services during times of emergency in a considered manner, and that the many of the principles outlined in this document are existing practice expectations outlined in the College's current policy entitled "Physicians and Health Emergencies".

The OMA supports the overall intent of the document to reaffirm the profession's commitment to the public during times of need. However, we are concerned that the document in its current form could undermine the ability of physicians to provide appropriate and timely care to patients during such crises.

First, the OMA respectfully suggests that the tone of the document be addressed. Unlike the current policy, the draft *understates* the fact that at times of crises physicians have always provided care, often putting themselves at great risk in order to care for patients. Second, the draft policy strikingly *omits* several statements from the current policy that articulate the onus of responsibility of government and health care institutions/organizations to provide necessary supports and resources to ensure capacity to prevent, prepare for, and respond to, disasters and public health emergencies. Further, the OMA notes that the Canadian Medical Association's (CMA's) policy on pandemics also explicitly acknowledges that governments and society have responsibilities and obligations to physicians during times of health crises.[1] In addition, the draft policy should acknowledge the important role that individual physicians and their representatives, including the OMA, should play in planning and decision-making both prior to and during disasters and public health emergencies.

Staying informed

The OMA believes this section should include – and indeed begin with – the following passage from the current policy: "In order for physicians to provide the best possible care, governments must ensure that physicians receive timely, accurate and complete information both prior to and during a health emergency." Moreover, the OMA believes that there is a concerning gap in communication with and information provision to physicians both in terms of existing disaster/emergency planning processes and protocols, and during such events (as evidenced by the SARS epidemic in Toronto) that must be addressed by governments and health care institutions and organizations.

Providing Physician Services

First, the OMA believes that the draft policy should at a minimum, restore the following statement from the current policy: "Physicians should not be expected to shoulder the burden of providing care in a health emergency without support from government and health care institutions/organizations. The responsibility of these entities is to minimize risks and burdens and to do whatever is possible to contain the health emergency." Moreover, this support must include the necessary system resources and capacity to enable the provision of physician services including, for example, infrastructure support, nursing and ancillary supports, equipment, vaccines, and medicine. In addition, safe and secure workplace environments for physicians and other health professionals and personnel must also be key priority of disaster planning and response.

Second, the draft policy undermines the autonomy and professional judgement of physicians in balancing their professional commitments to providing patient care with their own obligations to themselves and their families and others close to them. The draft policy (line 54) states that physicians *must* provide services during disasters and public health emergencies. This is contrary to the spirit of the CPSO Practice Guide and goes beyond the legislated powers available to government to compel health care providers to work in a declared emergency. The CPSO must not put physician under an onus that does not -- and should not -- exist in law. Moreover, the draft policy (unlike the current policy) only permits (lines 62-66) physicians to limit their provision of direct medical care during such events on the basis of health issues (either their own or that of their family or others close to them). In fact, there may be other significant personal, familial, and security risks, concerns and obligations -- including workplace safety and security -- that physicians may need to carefully balance when determining their ability to provide medical care during disasters and public health emergencies. The language of the policy must in no way restrict the ability of physicians to balance their personal obligations with the values, principles and duties of medical professionalism. The CMA's policy on pandemics also explicitly identifies the concept of physicians' personal autonomy and obligation to safeguard their own health and well-being.[1]

Finally, this section places an unrealistic and potentially deleterious threshold for documentation of patient encounters during disasters and public health emergencies (lines 56-61). The draft should be amended to state that physicians may document patient encounters to what is *reasonable under the circumstances*.

Practicing Outside of Scope of Practice

While the OMA appreciates the intent expressed in lines 71-83, this passage as currently worded undermines physicians' professional judgement in determining appropriate medical care to persons in need. This section should be changed to state that physicians will collaborate with their colleagues in health care *where reasonable*.

In a similar vein, while the OMA appreciates the intent expressed in lines 15-17, this passage should be amended to state that physicians will collaborate with (rather than support) colleagues, other health professionals, law enforcement, emergency response personnel and others.

Once again, the OMA appreciates the opportunity to participate in this consultation and welcomes further dialogue on this important issue.

References

1. Canadian Medical Association. Caring in a Crisis: The ethical obligations of physicians and society during a pandemic [Internet]. Ottawa, ON: Canadian Medical Association; 2008 [cited 2017 Oct 12]. 4p. Available from: https://www.cma.ca/Assets/assets-library/document/en/advocacy/policy-research/CMA_Policy_Caring_in_a_Crisis_The_Ethical_Obligations_of_Physicians_and_Society_During_a_Pandemic_PD08-04-e.pdf