

The College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto, Ontario  
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December 4, 2017

Attention: Policy Department: *Physician Services During Disasters and Public Health Emergencies*

To Whom It May Concern:

**Via Email**

The Section on General and Family Practice of the Ontario Medical Association (SGFP or Section), represents over 12,000 practicing general physicians and family doctors in the province, and is the largest clinical Section within the Ontario Medical Association, comprising almost 1/2 of the total membership.

The Section appreciates the opportunity to comment on the College's draft policy: *Physician Services During Disasters and Public Health Emergencies*.

We are also aware that our parent organization, the Ontario Medical Association, has already submitted its comments related to this proposed policy. We support its submission and would like to echo the same concerns namely:

- Government and health care institutions and organizations are responsible for providing the necessary supports and resources to ensure physician capacity to prevent, prepare for, and respond to, disasters and public health emergencies. This point seems to be missing in the draft policy.
- The draft policy (line 54) states that physicians *must* provide services during disasters and public health emergencies ... and that notwithstanding personal health limitations of the physician or his family or others close to him/her that may prevent the provision of direct service to people in need during disasters and public health emergencies, physicians are still expected to provide some support (lines 66-68). We urge the College to reconsider this position as it is quite possible that the issues that limit a physician's ability to provide direct emergency services, may also limit his / her ability to provide support.

Finally, we might suggest that the CPSO consider adding the OMA to the list of credible information sources for physicians. (lines 46-48). The OMA is our representative voice for the profession and has defined communication channels that reach all its 40,000+ members. At times of emergencies, as demonstrated quite clearly during the SARS epidemic in 2003, physicians look to their professional association for advice and guidance.

In concluding, we believe the draft policies or revisions of the College would be stronger if they involved the OMA and its relevant constituencies, like the SGFP, at the initial draft stage of policy development as opposed to simply commenting on the final version. This would assure the profession that the practical impacts of proposed policies have been considered and that both patient and provider perspectives have been incorporated into the draft.

We trust you find these comments useful.