

PARO Policy Review Draft – CPSO Consent to Treatment Preliminary Consultation

Thank you for the invitation to provide feedback on the CPSO Consent to Medical Treatment Policy draft. We have reviewed the document and overall find it to be thorough, especially in terms of capacity, defining it, our responsibilities as physicians, and how to choose the legally appropriate SDM. We do have some specific comment provided below. Lines 65-67 We note the requirement to respect decisions of patients and SDMs, even if we do not agree with their decisions. It may be helpful to note at this point in the policy that in certain cases SDMs may be acting in contravention of the HCCA (for example, not making decisions in keeping with the patient's known wishes) and that there are avenues that physicians can pursue to ensure that the patient's wishes/best interests are front and centre. Though referenced later in the policy, more detail here or at least a reference to where in the policy the information can be found, may help to apply it more easily and accurately.

We once again appreciate being included in the CPSO's consultative process.

Sincerely,

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PARO Policy Review Draft – CPSO Treatment of Self

Thank you for the invitation to provide feedback on the CPSO Treatment of Self Policy draft.

We have reviewed the document and overall find it to be clear and thorough. There are a few suggestions we have to offer:

"When another physician is not readily available"

We suggest that this should be defined. Given the difficulty of access primary care, and long wait times in ER, treating a minor condition as defined (good definition in policy) would seem reasonable to most if same day access to primary care or with long wait is expected. For example, a prescription for antibiotic to a family member who is a pre-menopausal, adult female, with history of a urinary track infection with similar symptoms in the past, and no severe features, is likely extremely safe, and waiting in the emergency department or for a PCP appointment 2 days later does not seem reasonable. Defining the term "readily available" would help clarify how hard physicians should search for another colleague in these very minor situations where treatment of family is likely very reasonable.

We wonder if *section 12 "spouses and romantic relationship"* could be clarified or removed. It is not clear in the wording how if you are married to someone and provide them treatment for strep throat that it would potentially devolve into "a physician-patient relationship² such that the sexual abuse provisions⁸ of the *Regulated Health Professions Act, 1991* would apply." Our review is that the rest of the policy, including section 13 are very clear on limitations for spouses or romantic relationships, and this section makes the policy less clear, and more difficult to interpret.

Application of policy to trainees with PG licenses

We would appreciate further clarification as to how this policy will apply to resident physicians working and training in Ontario. For those who possess a Certificate of Registration for Postgraduate Training we wondered what obligations and expectations exist for these resident physicians who find themselves in an emergency situation outside of those parameters involving themselves, family members, or others close to them.

Similarly, though perhaps not specific to this Policy, we would encourage the CPSO to provide clarification around whether residents working with a Certificate of Registration for

Postgraduate Training can provide treatment for minor conditions in the hospital setting (i.e. to other residents or allied health professionals).

We once again appreciate being included in the CPSO's consultative process.

Sincerely,

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PARO Policy Review Draft – Medical Professionalism

Thank you for the invitation to provide feedback on the CPSO Medical Professionalism Policy.

We have reviewed the document and overall find it to be thorough and clear. We do have two suggestions to offer:

"Physicians demonstrate integrity in their work with the public by:": in this section, the line "Using social media responsibly and in a way that upholds the standards of the profession", should be clarified further, perhaps linking to CPSO social media policy, or best practices guidelines, we found this a bit nebulous that leaves space for a wide breadth of interpretations.

In the recognizing and honouring humanity section, with the line "Recognizing the unique experiences, opportunities, and barriers created by each person's intersecting social identities", we recommend adding disability and bodily appearance to list of social identity modifiers.

We once again appreciate being included in the CPSO's consultative process.

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PARO Policy Review Draft – Professional Behaviour

Thank you for the invitation to provide feedback on the CPSO Professional Behaviour Policy.

We have reviewed the document and overall find it to be thorough and clear. We do have two suggestions to offer:

"Although the expectations set out in this policy primarily apply to physicians' behaviour in the professional context, they may also apply to behaviour that takes place outside of the professional context. Physician behaviour outside of a professional context that contravenes the standards of professionalism may be considered unprofessional under this policy depending on a number of factors including the nature and seriousness of the behaviour, the context in which it arises, and the consequences that result from it."

We find this statement to be too vague to avoid unnecessary intrusions into the personal lives of physicians. We believe there needs to be clearer guidelines to avoid ambiguity.

We once again appreciate being included in the CPSO's consultative process.

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