

January 25, 2024

Via email: consultations@cpsso.on.ca

Dr. Nancy Whitmore
Registrar
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, ON M5G 2E2

Dear Nancy:

Re: Professional Behaviour Policy and Principles of Medical Professionalism: Guiding Values and Duties

The Canadian Medical Protective Association (“CMPA”) appreciates the opportunity to provide feedback on the revised draft *Professional Behaviour Policy* and the draft *Principles of Medical Professionalism* document.

As you know, the CMPA delivers efficient, high-quality physician-to-physician advice and assistance in medico-legal matters, including the provision of appropriate compensation to patients injured by negligent medical care. Our evidence-based products and services enhance the safety of medical care, reducing unnecessary harm and costs. As Canada’s largest physician organization and with the support of our over 111,000 physician members, the CMPA collaborates, advocates and effects positive change on important healthcare and medico-legal issues.

The CMPA’s comments will focus on the following issues:

- *Professional Behaviour Policy*
 - Providing context and examples of situations where a physician’s conduct outside the professional work context would constitute unprofessional behaviour;
 - Providing appropriate reassurance to physicians suffering from health issues seeking help;
 - Ensuring consistency in using the term “unprofessional behaviour”;
- *Principles of Medical Professionalism*
 - Recognizing the challenges of meeting some of the professionalism principles in a resource constrained healthcare system; and
 - Clarifying expectations around respecting the views of patients and their families.

Professional Behaviour Policy

Unprofessional behaviour outside the professional context

It would be helpful if the *Professional Behaviour Policy* (or Advice document) provided clarification and examples of situations where a physician's conduct outside the context of professional work would constitute unprofessional behavior.

Currently, the examples of unprofessional behaviours provided in the draft Policy are mostly focused on the professional work context. To ensure physicians understand the College's expectations, it would be important to also clarify what behaviours might be considered unprofessional when engaged in activities outside the professional work context. For example, we know the College states in its [Social Media Advice document](#) that in some circumstances, a physician's personal use of social media might be construed as unprofessional. It would be helpful for the College to outline similar factors in the *Professional Behaviour Policy* (or Advice document) that the College would consider in making a determination that a behaviour outside the professional context is unprofessional.

Impact of health issues

The College may wish to consider a more reassuring message in its Advice document concerning its remedial approach for physicians struggling with their mental or physical health.

The Advice document appropriately acknowledges that "Many physicians are wary of seeking help for burnout or health issues for fear of the impact it may have on their ability to renew or retain their certificate of registration or hospital privileges". However, it would likely provide significant reassurance to physicians to know the College's approach to matters of physician health would be viewed through a treatment and/or rehabilitation lens aimed at supporting wellness. This would go a long way in encouraging physicians to obtain the help they need.

Consistency with other CPSO documents

If the College updates its terminology from "disruptive behaviour" to "unprofessional behaviour" in the *Professional Behaviour Policy*, corresponding changes to other College documents will help to ensure consistency and avoid confusion for physicians. For example, the terminology in the College's *Social Media* and the *Professional Responsibilities in Medical Education Policies and Advice* documents may benefit from being updated to remain consistent with that in the *Professional Behaviour Policy*.

Principles of Medical Professionalism: Guiding Values and Duties

Resource constraints

The CMPA recommends the draft *Principles of Medical Professionalism* acknowledge the challenges for physicians providing care in the context of scarce resources.

The Auditor General of Ontario's December 2023 [Report](#) on Emergency Departments recognizes that resources constraints such as staff shortages and overcrowding contribute to physician stress. The CMPA also hears on a regular basis from physicians distressed by their workload and the lack of resources to fulfil their obligations.

Given resource issues are likely to persist for several years to come, it may be helpful if the draft *Principles* reflect the challenges of providing the best possible quality of care to patients in a resource deficient environment. For example, the draft *Principles* could be amended to recognize the difficulty for physicians to demonstrate self-compassion or take time away from work in an environment where resources are critically lacking.

Respecting the views of patients and their families

The CMPA acknowledges physicians must respect the autonomy, health goals, and treatment decisions of their patients. However, this does not mean physicians must "accept" the views of their patients (or their families). We therefore recommend amending the below sentence in the "Practicing with Humility" section of the draft *Principles* to recognize that physicians may have different beliefs than their patients or their families:

"Welcoming and ~~accepting~~ respecting the views of patients and their families, loved ones, caregivers, and substitute decision-makers."

We trust these comments will be of assistance to the CPSO in finalizing the draft *Professional Behaviour Policy* and the draft *Principles of Medical Professionalism*.

Yours sincerely,



Lisa Calder, MD, MSc, FRCPC
Chief Executive Officer

