

REVISED DRAFT

Physicians and Health Emergencies

Introduction

The ill have always turned to physicians in times of crisis. Physicians have always provided care, often putting themselves at great risk in order to care for patients.

Federal, provincial and local responses to health emergencies¹ require extensive involvement of physicians. This policy has been developed to reaffirm the profession's commitment to the public in times of health emergencies.

Principles

1. The practice of medicine is founded on the values of compassion, service, altruism and trustworthiness.² These values form the basis of professionalism.
2. Physicians have duties which reflect the profession's values. Individually, physicians have a duty to their patients. As members of the medical profession, they have a duty collectively to the public. As well, physicians have duties to themselves, their families, and their colleagues.

Policy

Providing Care

The College expects physicians to provide medical care during a health emergency. Medical care should be provided in accordance with any federal, provincial and local emergency plans.

In doing so, physicians fulfill their individual commitment to patients, professional commitment to colleagues and collective commitment to the public.

However, physicians also have obligations to themselves and their families, which may need to be balanced with their obligation to provide care to patients.

The College is confident that physicians will use professional judgment when balancing these obligations.

¹ The CMPA has said that "a possible definition of a health emergency is an urgent and critical situation of a temporary nature that seriously endangers the lives, health and/or safety of the population". This could include pandemics, natural disasters and terrorist attacks. CMPA March 2008 Information Sheet

² These values are discussed in detail in the College's Practice Guide.

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44 Physicians should not be expected to shoulder the burden of providing care in a
45 health emergency without support from government and health care
46 institutions/organizations. The responsibility of these entities is to minimize risks
47 and burdens and to do whatever is possible to contain the health emergency.
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49 Practising Outside of Scope of Practice

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51 In non-emergency situations, there are clear expectations around scope of
52 practice. A physician must practice only in the areas of medicine in which the
53 physician is educated and experienced.³ Changes in a physician's scope of
54 practice must be done in accordance with the College's policy on Changing
55 Scope of Practice.

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57 In a health emergency, federal, provincial and local emergency plans may set out
58 expectations relating to a physician practicing in an area of medicine in which
59 they are not educated and experienced.

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61 A physician should only practice outside of his or her area of expertise during a
62 health emergency if:

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- 63 • the care needed is urgent;
- 64 • a more skilled physician is not available; and,
- 65 • not providing the care would lead to worse consequences than providing it.

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67 Once the health emergency is over, the physician should no longer practice in
68 the new area, unless the physician follows the College's policy on Changing
69 Scope of Practice.

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71 In advance of a health emergency, the College encourages physicians to take
72 advantage of any training offered to them for the activities which they may be
73 required to perform. Physicians may also want to contact the Canadian Medical
74 Protective Association for additional guidance.

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77 Keeping Informed and Cooperating

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79 In order for physicians to provide the best possible care, government must
80 ensure that physicians receive timely, accurate and complete information both
81 prior to and during a health emergency.

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83 Physicians are expected to be aware of pertinent federal, provincial and local
84 emergency plans, particularly with respect to matters that affect medical care in
85 practice.

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87 Physicians should cooperate with government and public health agencies and
88 comply with directives where it is possible to do so.

³ Subsection 2 (5) of Ontario Regulation 865/93 under the *Medicine Act, 1991*