

PRACTICE STANDARD

Access to Medical Care Without Discrimination

Effective: November 1, 2012

Last revised: April 1, 2026

Version: 2.2

Related topic(s): [Availability and Coverage](#); [Charging for Uninsured Services](#); [CMA Code of Ethics and Professionalism](#); [Ending the Patient Relationship](#); [Indigenous Cultural Safety, Cultural Humility and Anti-racism](#); [Leaving Practice](#); [Medical Assistance in Dying](#); [Primary Care Provision in Walk-in, Urgent Care and Multi-physician Clinics](#); [Referral-consultation Process](#)

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by CPSBC of its licensees (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the *Health Professions and Occupations Act, SBC 2022, c.43 (HPOA)* and the CPSBC Bylaws under the *HPOA*.

Preamble

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia (CPSBC).

Discrimination

Discrimination in the provision of medical services is prohibited in British Columbia under the BC Human Rights Code, which ensures protection for individuals on the actual or perceived basis of their Indigenous identity, race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression¹, or age of that person or class of persons.

Discrimination is also prohibited under the [CMA Code of Ethics and Professionalism](#) on the basis of genetic characteristics, language, medical condition, political affiliation or socio-economic status.

Licensees must not discriminate in any aspect of care, including when:

- accepting or denying individuals as patients
- providing information to patients
- providing or limiting access to services within their scope of practice
- providing referrals
- ending the patient relationship

Creating an inclusive practice environment

Licensees must

- take reasonable steps to create and foster a safe, inclusive, and accessible environment for patients up to the point that would subject the licensee to undue hardship and recognizing certain circumstances are out of a licensee's control,
- communicate with all patients in a sensitive, respectful, and dignified manner while considering trauma- and violence-informed care,
- make reasonable attempts to communicate with patients in a way they understand, considering language and other communication barriers,
- not refuse or delay care based on the belief that a patient's own actions contributed to their condition, and
- consider the patient's unique circumstances and available resources when providing care.

Refusal to accept a patient

Licensees may decline to accept new patients into their medical practice if they are at practice capacity.

¹ This includes the use of the patient's pronouns and name which may differ from those on their medical record.

Introductory appointments or questionnaires are acceptable when used to assist licensees in learning more about a prospective patient. Medical care is not provided in an introductory appointment. It is not acceptable for licensees to charge patients a private fee for an introductory appointment.

Patients must not be refused care based on their complexity or medical/social history unless their care falls outside of the scope of practice of the licensees. Patients must not be refused on the sole basis of requiring form completion. Other instances in which a patient can be refused include those outlined in the [Ending the Patient Relationship](#) practice standard.

Decisions not to accept an individual as a new patient, outside of limits to capacity, must be clearly communicated to them.

Defined scope of practice

Licensees are not obliged to provide treatment that is medically unnecessary or deemed inappropriate based on scientific evidence and clinical expertise.

Licensees who choose to limit their scope of practice must clearly advertise and communicate this to all patients seeking treatment. A defined scope of practice must not be used as a means of unreasonably refusing patients with complex health needs.

Conscientious objection to providing care

While licensees may make a personal choice not to provide a treatment or procedure based on their values and beliefs, they must provide patients with enough information and assistance to allow the patient to make an informed choice for themselves. This includes advising the patient that other health-care providers may be available to see them. Where needed, licensees must offer assistance and must not abandon the patient. Licensees in these situations must not discuss their personal beliefs with the patient, if not directly relevant, and must not pressure patients to disclose or justify their own beliefs.

References

1. College of Physicians and Surgeons of Ontario. *Accepting New Patients*
2. College of Physicians and Surgeons of Ontario. *Human Rights in the Provision of Health Services*