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FAQ

Access to Medical Care Without Discrimination

Introduction

This FAQ document provides registrants with additional guidance on understanding and implementing the expectations outlined in the *Access to Medical Care Without Discrimination* practice standard. The questions reflect common inquiries received during CPSBC's engagement with registrants on the revised standard, as well as concerns raised by key patient populations.

Frequently asked questions

How is the practice standard enforced?

CPSBC is a complaint-driven organization focused on public protection. The practice standard ensures equitable care for all patients. While CPSBC does not actively monitor registrants, it responds to patient complaints and assesses conduct against practice standards.

How does CPSBC assess allegations of discrimination?

CPSBC reviews allegations of discrimination on a case-by-case basis and may take action if the impact is demonstrated, even if there was no intent to discriminate. Patients may also choose to file a complaint with the BC Human Rights Tribunal.

What is the difference between equal care and equitable care?

Equality means that everyone is receiving the same care. Treating everyone the same can inadvertently perpetuate existing health disparities. Instead, the focus should be on equitable care—giving patients what they need based on their specific circumstances, ensuring fair access to opportunities for improving health and well-being.

What is meant by an inclusive practice environment?

Creating an inclusive environment may help to ensure that patients feel safe accessing care. While the definition may vary by setting, the key expectation is that registrants consider the unique needs of their patients and ensure care is **equitably accessible** to all.

How do I create an inclusive environment?

Registrants are not expected to make every accommodation in their practice setting or face hardship in doing so. Examples of reasonable accommodations might include allowing service animals, having a support worker present, or accommodating a request to see a physician of a particular gender identity for a sensitive examination. Practical steps to create an inclusive environment include:

- listening to and understanding the patient's experiences
- addressing physical, mental, emotional, spiritual, and cultural needs
- recognizing and respecting trauma, with patient consent before assessments or treatments
- collaborating with patients to incorporate their strengths in achieving health goals
- including the patient's identified support people in their care
- considering disabilities or neurodiversity in care planning
- avoiding assumptions about a patient's identity, background, or abilities based on appearance

Walk-through exercises of the office can be helpful in identifying areas where change may be needed, such as the Equity Walk-Through from EQUIP. There is no expectation of "perfection" or a need to change everything.

Are registrants now required to meet every request of a patient?

No. CPSBC does not expect registrants to provide unnecessary care or meet all patient "requests." For example, a registrant is not required to prescribe antibiotics if they are not clinically warranted.

What does it mean to not discriminate when providing information to patients?

It means ensuring that all patients have equitable access to the information they need for their care, regardless of their communication preferences and language skills.

Patients have different ways of processing and understanding information, which can be influenced by factors such as:

- **Language:** Patients may not have proficient English language skills.
- **Communication preferences:** Patients may prefer different methods of communication, like written or verbal, or use assistive technology to communicate.
- **Reading levels:** Patients may have varying levels of literacy or understanding of medical terminology.
- **Personal experiences:** Past experiences can shape how a patient interprets information.

To address these needs and avoid discrimination, registrants should adapt their communication style. For example, using a professional interpreter and/or plain language when needed to ensure the patient understands the information.

How do I access interpretation services?

To access interpretation services in British Columbia, physicians can use the Provincial Language Service (PLS), managed by Provincial Health Services Authority. The PLS provides qualified medical interpreters in multiple languages, including American Sign Language, through in-person, phone, and video options. To arrange interpretation, physicians can contact PLS directly via their online booking system or phone, specifying the required language and format.

This service is free for physician and surgeon offices through the Division of Family Practice and the Specialist Services Committee. Please contact the respective organization for information on access.

Who is responsible for organizing/booking the interpreter?

Typically, the office should arrange the interpreter when booking the patient. For phone interpretation, this can often be done in the moment, making it easier and more convenient.

What if there are no interpreters available?

If no interpreter is available, consider using a bi/multilingual staff member who is part of the health-care team, provided patient confidentiality is maintained. As a last resort, online translation tools like Google Translate can help with simple tasks. Family members or others accompanying the patient may be used as interpreters, but only with the patient's consent. However, consider the nature of the appointment. For certain types of appointments, such as sexual or reproductive health consultations, it would be inappropriate to obtain consent through a family member. In some cases, it may be necessary to rebook the patient rather than use a non-professional interpreter.

What does it mean to not refuse or delay care based on the belief that a patient's own actions contributed to their condition?

While registrants may provide education around certain lifestyle choices such as smoking cessation or using the Canada food guide, they cannot treat a patient differently should they chose to continue a certain action. Additionally, registrants must also not refuse a patient's care if they use alternative forms of medicine, unless there is an unambiguous declaration of non-confidence in the registrant. For example, a registrant cannot dismiss a patient for seeing a naturopathic physician in addition to primary care.

Does the standard apply to uninsured patients?

Yes, even for patients not enrolled in MSP (e.g. during waiting periods or while visiting). While registrants do not have to work for free or risk liability, they must thoroughly explore insurance options. Simply refusing care based on a patient's insurance status can be seen as discrimination. The standard does not prevent charging uninsured patients privately, although registrants should consider the patient's financial situation and vulnerability before assigning charges.

Can a registrant refuse a patient due to failure to pay?

In non-emergent cases, a registrant is not expected to provide care for free.

Are registrants required to complete forms for patients they have no prior history with?

It is important to consider the impact on patients who cannot have forms filled out, especially if they lack a primary care provider. Some forms, like the Disability Tax Credit and the Persons With Disabilities Designation, require a registrant's signature and may cause significant financial hardship for the patient if not completed.

There is no obligation to compromise medical integrity when completing a form; however, registrants must clearly document the rationale for not completing the form. Managing patient expectations is also important.

Note: The need to complete forms is not an acceptable reason to deny a patient entry into a practice.

Why does this standard mention the proper use of pronouns/chosen name?

Gender expression or identity is a protected ground under the BC Human Rights Code. This means that refusing to use a patient's chosen name and pronouns is a form of discrimination. This is law and it applies to all patients regardless of age as the BC Human Rights Code applies to all British Columbians.

What should registrants do if they do not know the patient's pronouns or chosen name? What if the EMR does not support easy name changes?

For new patients, include pronouns and preferred name options on intake forms. For existing patients, consider using last names when calling patients in the waiting room to avoid misnaming them in public. CPSBC understands the challenges with EMRs, but this should not lead to misgendering. Use alerts, file notes, or physical notes to track names and pronouns, and add name checks to workflows. Mistakes happen, but they should be corrected promptly. CPSBC expects genuine effort to make patients feel safe and respected.

Intake forms should also clearly delineate between sex and gender. Registrants may consider having an "administrative gender" field (what is on a patient's care card/identification) and "gender/gender identity" with options such as man/boy, woman/girl, non-binary, Two-Spirit, other, etc. Additional questions need to be asked in a clinical encounter for **all people** rather than making assumptions about care needs based on administrative gender or gender identity. This level of detail is difficult on an intake form and a complete physical and medical history is needed for safe patient care.

More resources are available through Trans Care BC.

Are registrants responsible for helping patients find other health-care providers when their own practice is full?

No, registrants are not required to assist patients in finding another provider. However, they may offer links to walk-in clinics, or the Health Connect Registry website.

Can registrants decline patients who may not be a suitable fit for their practice, even when the practice is not at full capacity?

Yes, registrants can decline patients after an introductory visit if they believe the relationship won't be effective. However, this cannot be based on protected grounds or the patient's medical complexity.

Can registrants deny patients with active substance use disorder or long-term opioid treatment?

No, denying patients based on substance use disorder or opioid treatment is considered discrimination. It is unethical and inappropriate for registrants and clinics to have a blanket policy to not prescribe opioid medications. More information can be found on the Drug Programs section of the CPSBC website.

Are registrants allowed to build their practice around specific patient demographics (e.g. age group, athletes)?

Yes, registrants can build a practice based on a focused area, but they cannot prioritize certain patient groups over others (e.g. offering priority appointments to cosmetic patients in a family practice).

What steps can registrants take if they feel the therapeutic relationship with a patient is not effective?

Registrants are not obligated to maintain ineffective relationships. It's important to discuss the issue with the patient before discontinuing care, as certain patient experiences may affect their behavior, particularly if there are fears/negative emotions regarding the health-care system. The *Ending the Patient-registrant Relationship* practice standard lists when it would be acceptable to end the relationship.

What if safety of self or others is a risk?

If safety is a concern, registrants can prioritize safety and discharge the patient appropriately. Certain patients may have specific safety plans in place to ensure the safety of themselves and others when attending appointments. Often support teams/persons working with the patient will alert clinics of the plan to ensure everyone's safety. If there is no evidence of an attempt to understand the breakdown of the relationship, it can be seen as discrimination.

More about violence prevention for community registrant offices is available through SWITCH BC.

Can a registrant's scope of practice be a reason for not prescribing certain medications?

Yes, but registrants cannot refuse to prescribe core medications (e.g. pain management) based on scope of practice.

Can a registrant make a choice not to provide a certain treatment or procedure based on their values/beliefs?

Yes, registrants can decline treatments based on personal beliefs. In all cases, registrants must practise within the confines of the legal system, and provide compassionate, non-judgmental care according to the CMA *Code of Ethics and Professionalism*.