College of Physicians and Surgeons of British Columbia

Practice Standard

Access to Medical Care

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Related topic(s):	Annual Fees to Patients, Care Coverage Outside Regular Office Hours, Ending the Patient-Physician Relationship, Leaving Practice, 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 the College of all physicians in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (*HPA*) and College Bylaws under the *HPA*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

This document is a standard of the Board of the College of Physician and Surgeons of British Columbia.

COLLEGE'S POSITION

The Canadian Medical Association (CMA) *Code of Ethics and Professionalism* is founded on the fundamental principles and values of medical ethics: compassion, beneficence, non-maleficence, respect for persons, justice and accountability. Appropriate access to medical care is a core value of Canadian society, and this access should be equally available to all patients, including those in vulnerable and marginalized populations.

DISCRIMINATION

Discrimination in the provision of medical services is prohibited in British Columbia under the BC Human Rights Code, which ensures protection for individuals who are actual or perceived members of certain protected groups. Such groups are classified by characteristics or protected grounds and include race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, and age.

The CMA *Code of Ethics and Professionalism* provides a similar prohibition against discrimination of patients on the grounds of age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status.

Neither the BC Human Rights Code nor the CMA *Code of Ethics and Professionalism* removes the physician's right to refuse to accept a patient for legitimate reasons, as determined in law.

Other individuals in society, although belonging to less-defined categories, may be vulnerable and marginalized, and also deserving of respectful and fair access to medical services. These individuals may have communication challenges, complex medical problems or medical conditions related to aging where extra time for assessment may be necessary. Some may be dealing with insurance claims, which require a physician to complete lengthy forms on their behalf. Others may have difficulty complying with recommended medical treatments as a consequence of active addictions, limited education, involvement in the criminal justice system or social problems. Refusing to treat anyone in such circumstances violates the medical profession's ethical principles.

Allegations of discrimination are carefully investigated on a case-by-case basis and may be sustained by the College where impact is demonstrated even if the physician did not intentionally discriminate.

Physicians should note that allegations of discrimination may not only result in complaints to the College, but also to the BC Human Rights Tribunal.

DEFINED SCOPE OF PRACTICE

While it is generally understood that medical and surgical specialists treat specific groups of patients, some family physicians may also choose to limit their practice to an area of special interest such as addiction, sports or occupational medicine.

While limiting a practice based on legitimate reasons is acceptable, decisions to accept or refuse new patients must be made in good faith. The College expects physicians who choose to limit their scope of

practice to 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.

URGENCY OF ACCESS

Decisions regarding the urgency or prioritization of medical appointments should be based on clear and objective clinical criteria. In medically emergent or urgent situations, physicians are expected to provide whatever medical care is appropriate, taking into account their safety, scope of practice and available options.

CONSCIENTIOUS OBJECTION TO PROVIDING CARE

Physicians are not obliged to provide treatments or procedures to patients which are medically unnecessary or deemed inappropriate based on scientific evidence and their own clinical expertise.

While physicians may make a personal choice not to provide a treatment or procedure based on their values and beliefs, the College expects them to provide patients with enough information and assistance to allow them to make informed choices for themselves. This includes advising patients that other physicians may be available to see them, or suggesting that the patient visit an alternate health-care provider. Where needed, physicians must offer assistance and must not abandon the patient.

Physicians in these situations should not discuss in detail their personal beliefs if not directly relevant and should not pressure patients to disclose or justify their own beliefs.

In all cases, physicians must practise within the confines of the legal system, and provide compassionate, non-judgmental care according to the CMA *Code of Ethics and Professionalism*.

REFUSAL TO ACCEPT A PATIENT

Although discrimination as outlined above is unethical, and in some cases illegal, physicians may decline to accept new patients who are not in need of urgent medical care into their medical practice if they are at practice capacity and legitimately need to manage their own work-life balance.

Like any effective relationship, a patient-physician relationship is built on principles of trust and honest two-way communication. While an introductory meeting is deemed acceptable practice for physicians to get to know a new patient and learn of his/her health concerns and history, it may not be used as a means to select the “easy patients” and screen out those with more difficult health concerns, such as chronic disease. At the conclusion of the first meeting, both the patient and the physician should determine whether there is a good foundation for an effective therapeutic relationship.

It is not acceptable for physicians to charge patients a private fee in order to access an initial medical visit.

Decisions not to accept an individual as a patient should be conveyed respectfully and honestly, with assistance offered to find an alternate health-care provider when and as appropriate. Reasons for such a decision must not reflect discrimination as outlined above, and should be appropriately documented.

SUMMARY

All patients have a right to access appropriate medical care. It is both professional and ethical, and in many situations required by law, that physicians exercise fairness in making decisions about access to medical care.

While physicians are not obliged to see all patients, they are required to treat those in need of emergent or urgent medical care.

The College investigates all allegations from patients who claim they have been denied access to medical services. Physicians should be thoughtful when they make decisions about access, and ensure due rigour in meeting the professional standards of both the College and the courts.

GUIDING LEGISLATION

Human Rights Code, RSBC 1996, c.210, section 8(1)

GUIDING ETHICAL PRINCIPLES

CMA *Code of Ethics and Professionalism*

REFERENCES

College of Physicians & Surgeons of Alberta. Standards of practice: the minimum standard of professional behavior and good practice expected of Alberta physicians [Internet]. Edmonton, AB: College of Physicians & Surgeons of Alberta. Establishing the physician patient relationship in office based settings: standard 7; [issued 2010 Jan 1; cited 2012 Dec 6]; 2 p.

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