



## The College of Physicians and Surgeons of Prince Edward Island

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### STATEMENT ON

### Pandemics: *Practising With Risk to Self*

#### DESCRIPTION

#### *“Cure sometimes, comfort always”*

##### **Background:**

Physicians may have occasion to practice in times and places of personal risk. Such risk may be the result of infectious disease, and may include natural disasters and war. The College has been asked by some to provide guidance to its members as to what their responsibility is in situations such as a pandemic, in which their health may be at some risk.

##### **Introduction:**

A patient has a right to expect a physician to provide competent, ethical medical care when called upon to do so, and if able, the physician has a duty to comply. A physician, and by extrapolation the medical profession, will be judged by a patient, and by extrapolation society, on the nature of his or her care, and the degree of altruism exhibited. The following is a brief discussion of some of the issues concerning the practice of medicine, when there is the potential for risk.

##### **Principles:**

CMA Code of Ethics (relevant sections)

1. Consider first the well-being of the patient
3. Provide for appropriate care for your patient, even when cure is no longer possible, including physical comfort and spiritual and psychosocial support.
4. Consider the well-being of society in matters affecting health.
18. Provide whatever appropriate assistance you can to any person with an urgent need for medical care.
42. Recognize the profession’s responsibility to society in matters relating to public health....
52. Collaborate with other physicians and health professionals in the care of patients....

**Discussion**

In a pandemic, physicians have an obligation, as in all patient care, to remain current in the recommended investigation and management.

In an established doctor-patient relationship, the ethical principles of practice should allow a patient to expect competent care by a caring ethical physician. Whereas a physician cannot discriminate against a patient because of the nature of the patient's illness, e.g. influenza, there should not be any issue during a pandemic.

Some patients do not have the benefit of an established relationship with a family physician. Because of that fact, and because of the expected increase in volume of illness in the community during a pandemic, there is likely to be a strain on the system, on the emergency rooms, and on individual physicians. Furthermore, ill physicians should not expose their patients to illness, and this will increase the workload for those able to work. The increased number of patients requiring admission due to serious illness, and perhaps ICU care, will sometimes demand difficult ethical decisions in that context.

Such excessive workload will be borne by special clinics, and by hospitals, as well as physicians' offices, but probably always involving physicians. To help to ease this burden, additional resources may be required. This could mean that retired physicians, physicians working in other areas of health care, medical students and residents may need to be pressed into service. The College of Physicians and Surgeons, and Health Care Institutions must be prepared, when safe and when appropriate, to allow, in the interest of patient care, such deviation from normal practice patterns.

Unlike the situation of a natural disaster, it is unlikely there will be an influx of physicians from other areas; if there were, extra licences would need to be issued, perhaps at a time when the College office staff is reduced due to illness.

It would be naïve to think that physicians will not have concerns: concerns with regard to his or her own safety; concerns with regard to his or her family's safety and security, and the care of one's family, should illness, or death, occur. However, one can only mitigate the risk; one cannot eliminate it. Even if one wished not to participate in the care of ill patients (not really an option for a physician), one would remain at risk of acquiring the illness in the community. But, there are ways to mitigate the risk: washing and cleansing hands appropriately; accepting any vaccination when/if available; wearing properly fitted masks, when appropriate; visiting one's physician if one gets flu-like symptoms or other illness.

	<p><b>Conclusion</b>  “Cure sometimes, comfort always”</p> <p>A patient has a right to expect a physician to provide competent, ethical medical care when called upon to do so, and if able, the physician has a duty to comply. A physician, and by extrapolation the medical profession, will be judged by a patient, and by extrapolation society, on the nature of his or her care, and the degree of altruism exhibited. The College of Physicians and Surgeons of Prince Edward Island endorses and expects this high standard from its members.</p> <p>References:  Canadian Medical Protective Association <i>Public Health Emergencies and Catastrophic Events – the CMPA will Help</i>, CMPA 2008  CMA Code of Ethics, Canadian Medical Association  CMA Policy <i>Caring in a Crisis: the Ethical Obligations of Physicians and Society During a Pandemic</i>, Canadian Medical Association, 2008  Consultation of Draft Policy <i>Physicians and Health Emergencies</i>, College of Physicians and Surgeons, Sept. 2009  College of Physicians and Surgeons of Nova Scotia, <i>An Ethical Framework: Health Emergencies and the Physician</i>, March 27, 2009</p>
APPLICABLE LEGISLATION	
APPROVED BY:	<b>Council of the College of Physicians &amp; Surgeons of PEI</b> Approved October 13, 2009
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