



## Review of Draft Code of Conduct of the College of Physicians and Surgeons of Alberta

Submitted to the College of Physicians and Surgeons of Alberta  
October 2009

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### Introduction

On September 24, 2009, the Provincial Health Ethics Network (PHEN) held a teleconference discussion to review the *Draft Code of Conduct of the College of Physicians and Surgeons of Alberta* from an ethics perspective and provide feedback to the College of Physicians and Surgeons of Alberta (CPSA).

PHEN members, ethics committee members and other interested individuals were invited to attend. Participants included physicians, ethics committee members, former regional health board members, a hospital administrative director, and professionals working in corporate policy and labour relations. We also received comments by email from those who were unable to participate in the discussion.

This document provides a summary of the feedback we received. It is not intended to be a position paper and does not express the organizational opinion of PHEN, who does not advocate for or take positions on particular issues. While every effort has been made to accurately reflect the most salient concerns and suggestions raised, the information outlined below does not necessarily represent a consensus among participants.

### Overall Impressions

Participants agreed that the CPSA is on the right track in formulating its own Code of Conduct. However, there are some concerns about the document in its current form.

- Participants felt that because much of the document seems to be written in negative language, it suggests that unacceptable behaviour is the norm. Perhaps if the Code were stated in more positive, declarative terms (For example, “As a physician, I will...”), it will be clear that the speaker fully understands what the privilege of being a physician involves.
- Some participants could not reconcile what makes this Code distinct from other codes of conduct and ethics. While it does discuss the duty to address behaviour, the Code does not address the *consequences* of a lack of adherence to it. Perhaps including CPSA’s process(es) for addressing disciplinary issues would give this document more weight.
- As participants understood it, this Code is meant to be complementary to other standards of practice and other codes of conduct and ethics. Since it was not developed in isolation, it was suggested that perhaps the document could be edited slightly and made less wordy. The second sentence of the Preamble could be reworded as “In order to meet the expectations set out in this Code of Conduct, it is expected that one is aware of the following documents: [list documents].” Once these are cited, it would not be necessary to restate or duplicate sections of codes that the members have already subscribed to. For example, while confidentiality is expected and should be included in the Code (page 3), it may make sense to reduce the length and detail of this section, since this information is summarized well in the other codes. This section could be reworded

as, “As a physician, I will adhere to the expected standards set out in [document] regarding confidentiality.”

- Some of the discussion centered around whether the document should be entitled “Code of Conduct of the CPSA” or “Code of Conduct for members of the CPSA” or another title to make it clear that this document applies to physicians/ surgeons individually, rather than the CPSA as an organization.
- Participants also felt that once the Code of Conduct is established, it will only be useful if the College has a plan for publicizing it. The document acknowledges that there are already other Codes that physicians subscribe to, so it would be important to communicate the purpose, importance and relevance of this Code. As well, it was felt that it may be valuable to explain why the Code is being released now when the issues addressed by it are longstanding.

### **Preamble, Purposes and Issues Sections**

- There was some confusion regarding the Purposes section, in that some of the statements do not seem to be purposes and seem not to belong in this section. Participants felt that the purpose of the Code should be to set a standard for behaviour, but that this may not be stated specifically enough.
- Some participants felt that the Purposes and Issues sections were not written in a language appropriate to a Code of Conduct. Instead, they read more like editorial statements that can even give the impression of providing excuses for inappropriate conduct.
- Participants appreciated the fact that Section P1 included addressing professionalism beginning in medical school. It was strongly felt among the group that this is the right time to instill teamwork and pride in the profession. Along this line, it was suggested that the Code include expectations about working within a team.
- Regarding Section P4, one participant observed that taking steps to eliminate stresses for one group may be making stresses for others; how this would affect the whole health care system would have to be considered when addressing these issues when they arise.
- In the Issues section (I1), there is a statement pertaining to “fiduciary obligations”, but this is not addressed in any productive degree in the Expectations section.

### **Expectations Section**

- Regarding Section E4, some participants were concerned about the word “may” in the last sentence, (that is, “Very egregious or repetitive behaviours may require disciplinary measures.”) Perhaps the word “will” should be used instead, as one would expect that this type of unacceptable behaviour would be addressed. It was suggested that if the College has a whistleblower policy, it should be stated in the Code as well.
- One participant suggested adding an expectation that states that a physician would recognize a patient’s wishes regarding treatment (complementing the CMA Code of Ethics #27: “Ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment.”) From an ethics perspective, it is important that discussions regarding treatment be balanced, and that

physicians take advantage of working with ethics committees to promote informed and reasoned ethical decision-making. Along these lines, it was also suggested that the Code could speak to addressing cultural differences in approach to care.

#### **“Each Physician Will Commit To” Section**

- Accountability (g) – A participant suggested adding a statement regarding interactions between physicians and agencies (e.g., pharmaceutical companies).
- Respect for Others (e) – Some of the discussion centered on the word “unwanted” physical contact; specifically, that physical contact may be inappropriate even if it is not unwanted. Some suggested replacing “unwanted” with “unwarranted” or “inappropriate”, but the group could not come to a consensus as to what would be most fitting.
- Responsible Behaviour (f) – Some participants felt that this might be trying to cover too much and trying to be too inclusive of the groups of participants and the reasons why one would have such a relationship. There is a slight risk of a loophole if a group of people or a reason were not stated.
- Responsible Behavior (i) – Participants felt that perhaps it would be better to use the word “use” rather than “misuse” in this instance, (i.e., “Abstain from use of alcohol or drugs...”) as people can have different value judgments about what the term misuse means.

In summary, participants agreed that the Code of Conduct has the potential to be a useful document, especially if it will help to maintain and improve a culture in the medical system that all Albertans respect. However, it may be valuable to rework the document to be more positive and motivational, state the consequences of not adhering to the Code, and outline steps that will be taken to resolve any conflicts that arise.

PHEN thanks the College of Physicians and Surgeons of Alberta for the opportunity to review and provide feedback on this document.

*Provincial Health Ethics Network  
October 28, 2009*