CMA DRAFT CODE OF ETHICS AND PROFESSIONALISM

The CMA Code of Ethics and Professionalism articulates the ethical and professional commitments and responsibilities of the medical profession. The Code guides standards of ethical practice to fulfill the obligation to provide the highest standard of care and to foster patient and public trust in physicians and the profession. The Code is founded on and affirms the core values and commitments of the profession and outlines responsibilities related to contemporary medical practice.

In this Code, ethical practice is understood as a process of active inquiry, reflection, and decision-making concerning what a physician’s actions should be and the reasons for these actions. The Code informs ethical decision-making, especially in situations where existing guidelines are insufficient or where values and principles are in tension. The Code is not exhaustive; it is intended to provide standards of ethical practice that can be interpreted and applied in particular situations.

In this Code, medical ethics concerns the virtues, values and principles that should guide the medical profession, while professionalism is the embodiment or enactment of responsibilities arising from those norms through standards, competencies, and behaviours. Together, the virtues and commitments outlined in the Code are fundamental to the ethical practice of medicine.

Physicians are expected to enact the professional responsibilities outlined in the Code.

Physicians should be aware of legal and regulatory requirements that govern medical practice in their jurisdiction.

A. VIRTUES EXEMPLIFIED BY THE ETHICAL PHYSICIAN

Trust is the cornerstone of the patient–physician relationship and of medical professionalism. Trust is therefore central to providing the highest standard of care and to the ethical practice of medicine. Physicians enhance trustworthiness in the profession by striving to uphold the following interdependent virtues deemed most relevant to medicine:

**COMPASSION.** A compassionate physician recognizes suffering, strives to understand the unique circumstances of each individual patient and to alleviate the patient’s suffering, and accompanies the suffering patient.

**HONESTY.** An honest physician is straightforward and forthright, respects the truth, and does their best to seek, preserve, and communicate that truth sensitively and respectfully.

**HUMILITY.** A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognizes the patient’s knowledge of their own circumstances.

**INTEGRITY.** A physician who acts with integrity demonstrates consistency of intentions and actions, and acts in a truthful manner in accordance with professional expectations, even in the face of adversity.

**PRUDENCE.** A prudent physician considers all relevant knowledge and circumstances, makes decisions carefully, in good conscience, and with due regard for principles of exemplary medical care.
B. FUNDAMENTAL COMMITMENTS OF THE MEDICAL PROFESSION

**Commitment to beneficence**
*Consider* first the well-being of the patient; *always act* in the best interests of the patient.  
*Provide* appropriate care and management across the care continuum.  
*Take* all reasonable steps to prevent or minimize harm to the patient; *disclose* to the patient if there is a risk of harm or if harm occurs.

**Commitment to respect for persons**
*Always treat* the patient with dignity and as a person worthy of intrinsic respect.  
*Always respect* the autonomy of the patient and *uphold* the dignity of anyone who cannot choose for themselves.  
*Never exploit* the patient for personal advantage.  
*Never participate in or support* practices that violate basic human rights.

**Commitment to justice**
*Promote* the well-being of communities and populations by striving to: improve health outcomes and access to care; reduce health inequities and disparities in care; and promote social accountability.

**Commitment to professional integrity and competence**
*Practise* the art and science of medicine competently, safely and with integrity to provide quality patient care; *avoid* any influence that could undermine your professional integrity.  
*Develop and advance* your professional knowledge, skills, and competencies through lifelong learning.

**Commitment to professional excellence**
*Contribute* to the development of the medical profession through clinical practice, research, teaching, mentorship, leadership, quality improvement, administration, or advocacy on behalf of the profession or the public.  
*Cultivate* collaborative and respectful relationships with physicians of all specialties and other colleagues and partners in health care.

**Commitment to self-care and support for colleagues**
*Value* personal health and wellness and *strive* to model healthy behaviours; *take steps* to optimize meaningful co-existence of professional and personal life.  
*Value and promote* a professional culture that responds effectively to colleagues in need and empowers them to seek help to improve their physical, mental and social well-being.  
*Support* cultural and systemic change to remove individual- and systems-level barriers to physician health and wellness.

**Commitment to inquiry and reflection**
*Value and foster* individual and collective inquiry and reflection to further medical science and to facilitate ethical decision-making.  
*Foster* curiosity and exploration to further your personal and professional development and insight; *be open* to new knowledge, technologies, ways of practising, and learning from others.
C. PROFESSIONAL RESPONSIBILITIES

PHYSICIANS AND PATIENTS

Patient–physician relationship

The patient–physician relationship is at the heart of the practice of medicine. It is a relationship of trust that recognizes the inherent vulnerability of the patient even as the patient is an active participant in their own care. The physician owes a duty of loyalty to the patient to protect and further the patient’s best interests and goals of care by using their expertise, knowledge, and prudent clinical judgement.

In the context of the patient–physician relationship:

1. Accept the patient without discrimination (such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation or socioeconomic status).
2. Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted; or another suitable physician has assumed responsibility for the patient; or after the patient has been given reasonable notice that you intend to terminate the relationship.
3. Act according to your conscience, and respect differences of conscience among your colleagues; however, never abandon the patient and always respond to the patient’s medical concerns and requests regardless of your moral commitments. The duty of non-abandonment requires, at minimum, that the physician acknowledge the patient’s requests and provide the patient with complete information on all available clinical options.
4. Inform the patient when your moral commitments may influence your recommendation, provision, or practice of any medical procedure or intervention as it pertains to the patient’s needs or requests.
5. Communicate accurately and honestly with the patient in a manner that the patient understands and can apply; and confirm the patient’s understanding.
6. Recognize that inappropriate use or overuse of treatments or resources can lead to ineffective, and at times harmful, patient care and seek to avoid or mitigate this.
7. Limit treatment of yourself, or anyone with whom you have a personal close relationship, to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.
8. Provide whatever appropriate assistance you can to any person who is in need of emergency medical care.
9. Ensure that any research to which you contribute is evaluated both scientifically and ethically and is approved by a research ethics board that adheres to current standards of practice. When involved in research, obtain the informed consent of the research participant, and advise prospective participants that they have the right to decline to participate or withdraw from the study at any time, without negatively impacting their ongoing care.
10. Never participate in or condone the practice of torture or any form of cruel, inhuman, or degrading procedure.

Decision-making

Medical decision-making is ideally a deliberative process that engages the patient in shared decision-
making and is informed by the patient’s experience and values and the physician’s clinical judgment. This deliberation involves discussion with the patient and, with consent, the patient’s family and any significant other, as well as other health professionals or others involved in the patient’s care.

_In the process of shared decision-making:_

11. Empower the patient to make informed decisions regarding their health by discussing and helping the patient navigate therapeutic options and relevant harms and benefits to determine the best course of action consistent with their goals of care.
12. Respect the values and decisions of the competent patient to accept or reject any recommended assessment, treatment, or plan of care.
13. Recognize the need to balance the developing competency of minors and the role of families and caregivers in medical decision-making for minors.
14. Accommodate any patient with cognitive impairments to participate, as much as possible, in decisions that involve their health; in such cases, acknowledge and support the positive roles of families and caregivers in medical decision-making.
15. Respect the values and intentions of a patient deemed incompetent as those they expressed previously through advance care planning discussions, when competent, or via a substitute decision-maker.
16. When the specific intentions of an incompetent patient are unknown and in the absence of a formal mechanism for making treatment decisions, act consistently with the patient’s discernable values and goals of care or, if these are unknown, act in the patient’s best interests.
17. Be considerate of and engage with the patient’s family and any significant others in supporting the patient’s participation in decision-making as much as possible; collaborate with them in discerning and making decisions about the patient’s goals of care and best interests.
18. Respect the patient’s reasonable request for a second opinion from a recognized medical expert.

**PHYSICIANS AND THE PRACTICE OF MEDICINE**

_Patient privacy and the duty of confidentiality_

19. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential, collecting, using and disclosing only the minimum amount of health information necessary to benefit the patient, and sharing information only to benefit the patient and within the patient’s circle of care. Exceptions include situations where the informed consent of the patient has been obtained or where disclosure is otherwise required by law for the benefit of the patient or public.
20. Consider the entirety of a situation, and both your duty to care and duty not to harm the patient, when addressing privacy requirements.
21. Provide the patient or a third party with a copy of their medical record upon the patient’s request, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.
22. Recognize and manage privacy requirements within clinical training environments, quality improvement initiatives, secondary uses of data for health system management, and in using new technologies in clinical contexts.
23. Avoid public discussions about patients, including in public spaces or on social media, that could reasonably be seen as revealing confidential or identifying information, or as being disrespectful to patients, their families or caregivers.
Managing and minimizing conflicts of interest

24. Recognize that conflicts of interest may arise as a result of competing roles (financial, clinical, research, organizational, administrative, or leadership).
25. Enter into associations, contracts and agreements only if you can maintain your professional integrity and safeguard the best interests of the patient or public.
26. Avoid, minimize, and always disclose conflicts of interest that arise, or are perceived to arise, as a result of any professional relationships or transactions in practice, education, and research; avoid using your role as a physician to promote services (except your own) or products to the patient or public for commercial gain outside of your treatment role.
27. Take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to a third party when acting on behalf of a third party.
28. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees.
29. When conducting research, inform potential research participants about anything that may give rise to a conflict of interest, especially the source of funding and any compensation or benefits.

PHYSICIANS AND SOCIETY

30. Recognize that social determinants of health, the environment, and other fundamental considerations that extend beyond medical practice and health systems are important factors that impact the health of the patient and of populations.
31. Support the responsibility of the profession to act in matters relating to public and population health, health education, environmental determinants of health, legislation affecting public and population health, and judicial testimony.
32. Support the responsibility of the profession to promote equitable access to healthcare resources and to promote resource stewardship.
33. Provide opinions consistent with the current and widely accepted views of the profession when interpreting scientific knowledge to the public; clearly indicate when presenting an opinion that is contrary to the accepted views of the profession.
34. Contribute, where appropriate, to the development of a more cohesive and integrated health system through inter-professional collaboration and, when possible, collaborative models of care.
35. Contribute, and collaborate with others, to the improvement of health care services and delivery to address systemic issues that impact the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or under-served communities.
36. Commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the Truth and Reconciliation Commission Report.

PHYSICIANS AND COLLEAGUES

37. Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all partners and members of the health care team.
38. Engage in respectful communications in all mediums.
39. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession.
40. Assume responsibility for your personal actions and behaviours that may contribute to negative workplace and training culture.
42. Support interdisciplinary team-based practices; foster team collaboration and a shared accountability for patient care.

**PHYSICIANS AND SELF**

43. Be aware of health and wellness services, and other resources, available to you and colleagues in need.
44. Seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect your health and your services to patients, society, and the profession.
45. Cultivate a professional environment that enables physical and psychological safety and encourages help-seeking behaviours.