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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

Professional Courtesy

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

Contents

In 2013, Justice John Vertes published the Health Services Preferential Access Inquiry Report, which included 12 recommendations to prevent improper preferential access to Alberta's health resources. Recommendation #3 of the report stated:

Clarify the scope and application of professional courtesy

The College of Physicians & Surgeons of Alberta, working with the Alberta Medical Association, the College and Association of Registered Nurses of Alberta and other representative bodies, as well as public representatives, should closely examine the practice and ethical implications of professional courtesy with a view to defining its scope and application and providing guidelines to healthcare professionals.

In responding to this recommendation, this document provides guidance to the medical profession – and other healthcare professions – as to when professional courtesy is acceptable and when it would be seen as improper preferential access.

Professional Courtesy

Professional courtesy vs. preferential treatment

Professional courtesy occurs when a regulated member gives priority to requests for care or treatment by other healthcare professionals, or the families, friends or contacts of those professionals. It becomes improper preferential access when the regulated member cannot **medically** or **ethically** justify prioritizing these types of requests ahead of other patients similarly situated. To clarify:

- **Medically justified** access occurs when a regulated member uses his/her professional judgement to prioritize and advocate for patients based on medical necessity.

- **Ethically justified** access occurs when a regulated member appropriately manages potential conflicts of interest between the member's:

    - primary obligation to ensure patients with the same medical condition have the same opportunity to access the same services without regard to clinically irrelevant factors (such as personal relationships, connections and status); and

    - any secondary obligations, which may include but are not limited to maintaining the respect of, and professional relationships with, other healthcare professionals, and exercising appropriate stewardship of scarce health system resources. (Other secondary factors may be identified in specific situations.)

When **considering** potential conflicts of interest in the context of patient access, regulated members are advised to:

- adhere to the CMA's *Code of Ethics & Professionalism* and CPSA's *Conflict of Interest* standard of practice;

- extend professional courtesies only outside normal working hours to avoid displacing or disadvantaging other patients;

- ensure any direct or indirect costs (such as opportunity costs) incurred by the regulated member do not delay or displace any current insured patients or patients receiving services to which they are entitled to under federal or provincial workers' compensation legislation; and

- for any patient provided access as a professional courtesy, ensure any further care needs are addressed and advocated for based solely on medical need.

When **requesting** professional courtesy from a colleague, regulated members should recognize the burden they are placing on their colleague, be sensitive to potential conflicts of interest and accept their colleague's response based on the limits of professional courtesy, as advised by this document.

In summary, professional courtesy is acceptable when it does not impact other individuals waiting for care. It is **not** acceptable to displace a previously scheduled patient to see another patient as a professional courtesy, or to prioritize any further testing or treatment for a patient seen initially as a professional courtesy for any reason other than medical need.

Applying the advice

The following examples demonstrate how to interpret and apply this advice:

1. **A physician is asked to see a colleague's spouse to examine a breast lump.** The physician should either prioritize the consultation the same as for any patient referred with a breast lump (medical justification), or agree to see the colleague's spouse only outside regular working hours (ethical justification based on professional courtesy). However, any decisions about further care (e.g., diagnostic imaging, biopsy or definitive surgery) must be based solely on medical need, the same as for any patient with the same presentation.

2. **A surgeon is scheduled to operate on the child of a family friend.** The current wait list places the likely surgery date in late July. The friend asks the surgeon to move up the surgery by a month to accommodate the family's planned summer vacation. If doing so would displace another patient whose medical need and urgency is equal or greater, the surgeon cannot ethically justify providing an earlier date.

3. **A radiologist is asked to rearrange the scheduled time of a nursing colleague's procedure** in order to accommodate the colleague's work schedule. The diagnostic imaging clinic is able to change the patient's appointment only by moving another patient's appointment. This is ethically justifiable only if the second patient is not

inconvenienced, is not medically compromised and freely and readily agrees to the proposed new appointment time.

4. **A physician who is a close friend of a wealthy local businessman** asks a colleague for an expedited consultation for his friend, including sophisticated electrodiagnostic testing. If the consultation on the businessman would displace another patient with an equally urgent medical need, then it is not medically or ethically justifiable to meet the request. The requesting physician also must be careful to maintain proper boundaries with his friend, and should recognize the dilemma he is creating for his colleague.

RELATED STANDARDS OF PRACTICE

- *Boundary Violations: Personal*
- *Code of Ethics & Professionalism*
- *Conflict of Interest*

COMPANION RESOURCES

- Advice to the Profession: Boundary Violations: Personal
- Code of Conduct

Appendix A: Background

This document began with an in-depth review of the literature on the ethical aspects of professional courtesy. Two then-medical students and a medical librarian from the John Scott Library at the Faculty of Medicine and Dentistry at the University of Alberta were engaged to help. Their scoping review and literature search identified only five articles that appeared to be relevant[i], and none were directly on point.

Kyle Anstey, a clinical ethicist and Assistant Professor at the University of Toronto, was then engaged to provide expert guidance in framing the ethical issues. For this work, the Vertes Inquiry itself provided the most relevant background information, and the expert opinion of Bioethicist Dr. Lynette Reid was most compelling.

Pertinent excerpts from the Vertes report:

The inquiry heard evidence about professional courtesy, a practice where physicians in particular give priority to requests for care by other physicians, healthcare workers and their families. Professional courtesy produces a form of preferential access.

In Canada, professional courtesy has come to mean seeing a colleague or their family member more quickly than would occur if they were a typical patient. This is done by seeing them before or after the treating physician's regular working hours...

Professional courtesy can and should encompass services by one physician to another physician or to other professional colleagues, such as nurse. This is not improper. However, there is no justification for labelling as professional courtesy consultations conducted as favours for friends or other contacts.

As to preferential access, the inquiry noted:

This inquiry has focused on actions that lead to preferential access that is improper within the context of the Canadian health care system. Yet a recurring theme...has been the lack of a proper definition of improper preferential access.

Normal access involves physicians using their professional judgment to prioritize patients based on medical necessity. This is not preferential access.

Preferential access is a type of access that, for the patient, is advantageous to that warranted by medical necessity. Whether such preferential access is proper or improper requires an examination of the specific context in which it occurs. Improper preferential

access is any policy, decision or action that cannot be medically or ethically justified, resulting in someone obtaining priority access over others

[i] Articles identified in initial literature search:

1. Friedman SM, Schofield L., Tirkos S. Do as I say, not as I do: a survey of public impressions of queue-jumping and preferential access. *EUR J Emerg Med* 2007; **14**(5): 260-4.
2. Alter DA, Basinski AS, Naylor CD. A survey of provider experiences and perceptions of preferential access to cardiovascular care in Ontario, Canada. *Annals of internal medicine* 1998; **129**(7): 567-72.
3. Svantesson M, Carlsson E, Prenkert M, Anderzen-Carlsson A. 'Just so you know, the patient is staff': healthcare professionals' perceptions of caring for healthcare professional-patients. *BMJ open* 2016; **6**(1): e008507.
4. Cunningham N, Reid L, MacSwain S, Clarke JR. Ethics in radiology: wait lists queue jumping, *Canadian Association of Radiologists journal = Journal l'Association canadienne des radiologists* 2013; **64**(3): 170-5.
5. Holm S. Can "giving preference to my patients" be explained as a role related duty in public health care systems: *Health care analysis : HCA : journal of health philosophy and policy* 2011; **19**(1): 89-97.