

Updated: September 28, 2021ⁱ

Introduction

Integrity, trustworthiness, compassion and ethical conduct are the foundation of the practice of medicine. Patients, co-workers, learners and others in the healthcare workplace expect professional behavior from physicians; this behavior has an enormous impact on how health care is delivered and received.

The vast majority of physicians act professionally, and research shows this contributes to a healthier workplace and good patient outcomes. Alternatively, inappropriate physician behavior can lead to a number of issues in the healthcare environment, including:

- negative effects on patient safety and quality of care;
- erosion of relationships with staff, patients, learners and families;
- difficulty recruiting and retaining staff;
- reduced work attendance by co-workers and colleagues; and
- adverse impacts on a physician's health and/or reputation.

In order to address these issues, expectations of physicians must be clear.

The College of Physicians & Surgeons of Alberta's ("CPSA") *Code of Conduct* was developed in response to requests from physicians for clarity and advice about professional behavior. It was written in consultation with physicians, other healthcare providers, healthcare organizations, regulatory bodies and post-secondary institutions.

The *Code of Conduct* is intended to:

- support a culture that aids and encourages effective care of patients and values professionalism, integrity, honesty, fairness and collegiality;
- promote an optimally caring environment of quality and safety for the health and well-being of patients and families, physicians, nurses, other healthcare providers, learners, teachers and others in the healthcare workplace;
- help physicians meet the principles outlined in the Canadian Medical Association's (CMA) [Code of Ethics & Professionalism](#) and the CPSA [Standards of Practice](#);
- help physicians model and teach professional behavior;
- encourage open and respectful discussion related to the delivery of health care; and
- support physicians and others in addressing physician behavior that does not meet professional expectations.

General Principles

The *Code of Conduct* is based on the following ethical and professional principles:

- Strive for high-quality patient care.
- Focus on safety.
- Treat others with respect.
- Maintain confidentiality.
- Do the right things for the right reasons.
- Be aware of your professional and ethical responsibilities.
- Be collaborative.
- Take action when inappropriate behavior occurs.
- Communicate clearly.

Scope of the Code of Conduct

The *Code of Conduct* applies in any environment where a physician interacts with patients, colleagues, co-workers, learners and others in the healthcare workplace, including physical workplace, telephone, videoconference and online. The *Code* also applies in any situation where a member can be identified by the public as a physician, such as public appearances, printed media and online networks where information may be shared.

The *Code of Conduct* clarifies CPSA's expectations of Alberta physicians in all stages of their careers, in all facets of medicine, and in all methods of care delivery.

The *Code of Conduct* is consistent with the CMA's *Code of Ethics & Professionalism* and complements the CPSA *Standards of Practice*. Physicians are expected to know and abide by these rules; any breach of professional behavior will be judged against all three of these foundational documents.

While the *Code of Conduct* outlines expectations regarding professional behavior, when inappropriate behavior occurs, CPSA will consider:

- the physician's fitness to practise, which must be addressed; and
- systemic issues within the healthcare system.

NOTE: Although these stressors must be identified and considered, they **cannot** be used as an excuse for inappropriate behavior.

Specific Expectations

Accountability

As a physician, I will:

- a. Act, speak, and otherwise behave in the healthcare workplace in a way that promotes safety, high quality patient care and effective collaboration with others on the healthcare team.
- b. Maintain high standards of personal and professional honesty and integrity.
- c. Take responsibility for my own behavior and ethical conduct regardless of the circumstances.
- d. Be accountable for my personal decisions, actions or non-actions in the workplace.
- e. Record and report accurately and in a timely fashion clinical information (history, physical findings and test results), research results, assessments and evaluations.
- f. Communicate with integrity and compassion.
- g. Accurately attribute ideas developed with others and credit work done by others.
- h. Deal with conflicts of interest, real or perceived, openly and honestly.
- i. Engage in lifelong learning.

Confidentiality

As a physician, I will:

- a. Regard the confidentiality and privacy of patients, research participants and educational participants, as well as their associated health records, as a primary obligation.
- b. Ensure confidentiality by limiting discussion of patient health issues to settings appropriate for clinical or educational purposes and to caregivers within the “circle of care”. Discussion with others will occur only with explicit patient consent or as permitted by legal and ethical principles.
- c. Know and comply with applicable legislation regarding confidentiality and health information.

Respect for Others

As a physician, I will:

- a. Interact with patients and families, visitors, employees, physicians, volunteers, healthcare providers and others with courtesy, honesty, respect, and dignity.

- b. Refrain from conduct that may reasonably be considered offensive to others or disruptive to the workplace or patient care. Such conduct may be written, oral or behavioral, including inappropriate words and/or inappropriate actions or inactions.
- c. Respect patient autonomy at all times by appropriately discussing investigation and treatment options with the competent patient and, only with the patient's consent, identified other persons.
- d. Ensure appropriate consultation occurs when a patient lacks the capacity to make treatment decisions, except in emergency circumstances.
- e. Respect the personal boundaries of patients and their rights to privacy and confidentiality; refrain from physical contact outside the proper role of a physician, sexual overtures and behaviors or remarks of a sexual nature.
- f. Respect the personal boundaries of co-workers and their rights to privacy and confidentiality; refrain from unwanted physical contact, sexual overtures and behavior or remarks of a sexual nature.
- g. Avoid discrimination based on, but not limited to, age, gender, gender identity, gender expression, medical condition, race, color, ancestry, national or ethnic origin, appearance, political belief, religion, marital or family status, physical or mental disability, sexual orientation or socioeconomic status. (NOTE: In human rights legislation, this is known as "protected grounds.")
- h. Allow colleagues to disagree respectfully without fear of punishment, reprisal or retribution.
- i. Recognize the important contributions of colleagues, whether generalists or specialists.

Responsible Behavior

As a physician, I will:

- a. Ensure patient care and safety assume the highest priority in the clinical setting. The duty of physicians to advocate for patients does not excuse or justify unacceptable behavior; it must be done constructively.
- b. Attend to my health and well-being to enable attendance to professional responsibilities.
- c. Recognize limitations and seek consultation or help when personal knowledge, skills or physical/mental status is inadequate or compromised.

- d. Maintain professional boundaries:
 - i. minimize self disclosure; and
 - ii. refrain from providing care to individuals where a dual relationship¹ exists and objectivity may be challenged; in circumstances where refraining is not reasonably possible, ensure care provided is transparent, objective and defensible.
- e. Supervise and assist others as appropriate to their needs and level of expertise.
- f. Participate in quality improvement initiatives and strategies to deal with errors, adverse events, close calls and disclosure.
- g. Express opinions on healthcare matters in a manner respectful of others' views and the individuals expressing those views.
- h. When conducting professional activities, abstain from exploitation of others for emotional, financial, research, educational or sexual purposes.
- i. Teach and model the concepts of professional behavior in research, clinical practice and educational encounters.
- j. Encourage and model language, appearance and demeanor appropriate to the professional healthcare setting.
- k. Endeavor to model professional behavior in all public settings, including online settings, particularly when there is limited ability to separate personal and professional identities.
- l. Avoid misuse of alcohol or drugs that could impair the ability to provide safe care to patients.
- m. Attend to other factors that could impair the ability to provide safe care to patients.
- n. Address breaches of professional conduct, scientific conduct or unskilled practice by another healthcare professional by discussion directly with that person or, if necessary, by reporting to the appropriate authorities using established procedures. Refrain from trivial or vexatious reports that unjustly discredit the healthcare system or the reputation of other members of the healthcare, research or academic team.
- o. Know and adhere to the *CPSA Standards of Practice*.

¹ Dual relationship refers to when multiple roles (personal, professional, business or social) exist between a physician and a patient.

- p. Participate in professional development and assessment processes.
- q. Respect the authority of the law and understand professional and ethical obligations.

Acknowledgements

This document was developed with input from various health professions and using codes of conduct from other institutions and organizations. Particularly helpful were statements from the College of Physicians and Surgeons of Ontario, the University Of Calgary Faculty Of Medicine, the University Of Alberta Office Of Equity and Faculty Development, and the Medical Council of Canada.

ⁱ Updated June 2014: replaces *Code of Conduct* issued April 2010
Updated September 28, 2021: replaces *Code of Conduct* issued June 2014