

Consultation 025 Outcomes

Council approved the formal consultation of the draft SoPs at its Dec. 2022 meeting. Consultation took place from Dec. 5, 2022-Jan. 13, 2023.

The standards were approved for implementation by Council at its Feb. 2023 meeting.

Consultation Results

Female Genital Mutilation

We received 66 responses consisting of comments from 13 physicians, 3 partner organizations, 1 Albertan and 49 surveys completed.

Main themes:

- Respondents were uncertain on how regulated members are expected to support patients who have experienced or are at risk for FGM
 - One respondent asked if CPSA had consulted with Albertans from areas where FGM is prevalent: we will look into this in the development of the Advice to the Profession and Patient FAQs
- There were questions as to whether this standard would apply to gender-affirming or other plastic surgery
 - One respondent noted the reference to the Society of Gynecologists of Canada, but no plastic surgery reference
- Some respondents felt the standard needed to be more explicit in the penalties for involvement in FGM, failure to report to authorities and failure to report a colleague
 - Call to clarify whether a criminal conviction is necessary for CPSA to take action, equating this standard to the *Boundary Violations: Sexual* standard
 - Inquiry if the *Duty to Report a Colleague* standard will be updated to reflect the new FGM standard
- Issues were highlighted regarding the wording:
 - Suggested renaming “female genital cutting”
 - Suggested CPSA should be using the SOGC’s language
- Suggested we clarify that no one can give consent for FGM on behalf of a patient
- One respondent noted the requirement for self-education is rather vague

Medical Assistance in Dying (MAID)

We received 64 responses consisting of comments from 22 physicians, 2 partner organization, 1 Albertan and 39 surveys completed.

Main themes:

- Ten respondents opposed the inclusion of mental health in the eligibility criteria
 - Lack of mental health supports for patients
 - No safeguards for patients
 - Irresponsible to provide MAID to patients with mental illnesses
 - People can recover from mental illnesses
 - Six respondents voiced opposition to MAID in general
 - Three respondents support the inclusion of mental health
- Six respondents felt their conscience rights are not protected
 - Two see this as a balance between conscientious objection and still ensuring patients have access to information
- Requests for additional guidance on mental illness and how it will be interpreted when assessing capacity
 - Assistance needed in determining eligibility
- Discourse on whether MAID should be mentioned as an option or if the patient - should initiate the conversation
- Requests to emphasize need to connect patient with the Care Coordination Team/inappropriateness of obstructing a patient's access due to personal beliefs

Safe Prescribing for Opioid Use Disorder

We received 37 responses consisting of comments from 8 physicians, 1 partner organization and 28 surveys completed.

Main themes:

- A number of respondents identified NTSs as creating barriers
 - Can cause patient distress
 - Many patients do not accept the label of “opioid use disorder,” so will resist treatment for OUD
 - Low-barrier access to pharmaceutical-grade opioids key to preventing overdose
- Physicians’ expertise limited by updates
- Question raised in how CPSA is guiding physicians in preventing more/future addiction