



PRINCIPLES OF CARE FOR PHYSICIANS DURING A PANDEMIC

Background

As communities and businesses shift to essential activities only during this global pandemic, healthcare activity is accelerating to respond to the crisis. While patients are urged to practice social distancing, physicians are still needed on the frontlines and will soon be needed more than ever.

In this time of crisis, physicians as leaders and providers of care are essential to the future health of our people. Each has a crucial role to play and we have faith in the passionate commitment of doctors to use their education and skills in service of the health of our communities. Physicians will be faced with difficult decisions and be challenged to prioritize their many duties.

Developed by physician leaders across the Toronto Academic Health Science Network (TAHSN), the University of Toronto and Toronto Region hospitals, these principles are designed to articulate guidance for physicians to support patient care in the context of hospital and health system imperatives during this pandemic.

Principles

1. **Professionalism:** The College of Physicians and Surgeons (CPSO) has established guidance for professionalism by physicians. Our values include altruism, compassion, trustworthiness and service. Our duties are to our patients, our public, and to our colleagues and ourselves.
2. **Duty of Care:** As Physicians, we acknowledge our duty at this time of global crisis: a professional and ethical obligation to our patients, communities and colleagues during a public health emergency.
3. **Flexibility:** To fulfill that duty, we should be available and flexible to serve. The CPSO and CMPA acknowledge that we may need to act outside of our usual scopes of practise for the health of our patients, community and colleagues. We may need to perform new tasks and procedures in other departments, sites and even other hospitals and regions. To support this potential need, hospital professional staff by-laws contemplate temporary and urgent processes for changing privileges.
4. **Leadership:** Leadership is the capacity to influence others to work together for a constructive purpose. Physicians lead in clinical areas as they direct and participate in the care of patients as members of multidisciplinary teams. Even when not in official leadership roles, they lead. To this end, physicians need to model the way, remaining professional, confident and conveying optimism in challenging circumstances.
5. **Safety:** Our hospitals are, and must remain committed to providing each of us with a safe working environment. This includes: (1) providing PPE that is based on evidence; and (2) reflects the recommendations of our recognized authorities, such as the Chief Medical Officer of Health; and (3) provides the necessary supports as physician models of care change and as our practices evolve. Measures including restricted visitor access, strict screening processes and virtual care delivery which been put in place and should be strengthened to protect the health workforce.



6. **Continuity:** Our individual and collective duty to care for existing patients continues during a pandemic. This includes the provision of as much ongoing care as possible, not solely direct pandemic-related care. Thoughtful system-level approaches will require coordinated physician leadership and practice flexibility to ensure the ongoing management of chronic disease and the lengthening of wait times for non-emergent care that may inadvertently result from the pandemic response.
7. **Reasonableness:** The request for social distancing is a general public health principle. It should be reinforced, within reason, in health care organizations, but not to the detriment of health system operations and patients.
8. **Wellness:** The well-being of our workforce is critical. Even with precautions, there may be reasons related to a physician's own health or personal circumstances that cause concern about the performance of specific tasks. Individual accommodations should be assessed through a fair process that aligns with ethical principles of equity, solidarity and reciprocity, as well as institutional and provincial emergency management plans, in a manner that does not disproportionately either favour or burden some physicians over others.
9. **Innovation:** As much as possible, and where appropriate, the shifting to virtual options, such as telephone-based, video-based, and more, will be core to the provision of services for many months to come, and into the post-pandemic and recovery phases. While virtual care can be powerful, its provision must be shaped by local and institutional capacity and community needs. Should working remotely hinder a more pressing need, it should be reconsidered.
10. **Security:** Cybersecurity is critical. Our health care system cannot withstand a cybersecurity attack during a pandemic. The use of work-from-home tools must be assessed on a case-by-case basis and organizational risks taken into account when considering solutions that allow people to access EMRs and EHRs from home.

References

CMA Code of Ethics and Professionalism, 2008.

CMA Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Pandemic.

Public Health Emergencies, CPSO.

CPSO The Practise Guide: Medical Professionalism and College Policies.

CMPA Principles of Assistance: Public Health Emergencies and Catastrophic Events.

CPSO: March 19, 2020: <https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians>

CMPA: March 19, 2020: <https://www.cmpa-acpm.ca/en/covid19>

CMA: <https://www.cma.ca/CMA-update-physicians-public-coronavirus>