



*College of
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REGISTRAR
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Dear Physician,

EXPECTATIONS OF PHYSICIANS DURING A PANDEMIC

Summary:

1. Do not abandon your patients, or any patient presenting to you requiring care.
2. If you are unable to provide the service due to circumstances like not having space/equipment/staffing, make reasonable attempts to assist the patient in obtaining care.
3. Base your care and your decisions about care on the CPSS [Code of Conduct](#), [Code of Ethics](#) and the guideline on [Physicians and Healthcare Emergencies](#).

Background:

The College of Physicians and Surgeons of Saskatchewan (CPSS) believes that the physicians of this province are skilled, knowledgeable and ethical to manage the COVID -19 epidemic in a way that serves the greater good of the patients they serve.

The College of Physicians and Surgeons of Saskatchewan would like to remind physicians of the expectations we have to provide patient care during a pandemic.

In keeping with our [Code of Conduct](#), [Code of Ethics](#) and our guideline on [Physicians and Healthcare Emergencies](#), we need to remind physicians of the “duty of care”

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*To serve the public by regulating the practice of medicine
and guiding the profession to achieve the highest standards of care*

This is a highly nuanced concept, and [Clark](#) published an article in 2005, [In harm's way: AMA physicians and the duty to treat](#), outlining three compelling reasons to provide care in the context of an infectious disease pandemic:

1. The ability of physicians and health care professionals (HCPs) to provide care is greater than that of the public, thus increasing the obligation to provide care.

Although self-care and self-protection, as well as the care and protection of friends and family members, are acknowledged in pandemic plans, it is evident that the expertise of HCPs is an integral and principal component of the response to a pandemic. There is no other sector of society that can be legitimately expected to fulfil this role and to assume this level of risk.

2. By freely choosing a profession devoted to care of the ill, health care professionals have assumed risk.

Arguably, HCPs have consented to greater than average risk by their very choice of profession. While it may be granted that the risk of contracting an infectious disease was likely not a concern for a generation of prospective health care workers, any informed reading of the medical literature in the last 20 years has shown that infectious diseases remain ubiquitous and problematic – notwithstanding overly-optimistic statements regarding the future threat of infectious diseases. It is therefore not unreasonable to argue that HCPs were aware of the greater than average risks posed by their choice of profession.

3. The profession is legitimated by social contract and therefore its members should be available in times of emergency.

In publicly-funded health care systems, such as those found in many Western societies, there is a strong claim for a social contract between the HCP and society. It is a reasonable and legitimate expectation by the public that HCPs will respond in an infectious disease emergency. Society has granted and permits professions to be self-regulating on the understanding that such a response would occur.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1459179/>

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Excerpt of College Guideline “Physicians and Health Care Emergencies”:

“The practice of medicine is founded on the values of compassion, service, altruism and trustworthiness. These values form the basis of professionalism.

Physicians have duties which reflect the profession’s values. Physicians have duties individually to their patients. As members of the medical profession, they have a duty collectively to the public.

Physicians have duties to themselves, their loved ones, and their colleagues.”

The College expects physicians to provide medical care during a health emergency. Medical care should be provided in accordance with any federal, provincial and local emergency plans.

In doing so, physicians fulfill their individual commitments to patients, professional commitment to colleagues and collective commitment to the public.

Physicians should not be expected to shoulder the burden of providing care in a health emergency without support from government and health care institutions/organizations. The responsibility of these entities is to minimize risks and burdens and to do whatever is possible to contain the health emergency.

We understand that physicians who provide care will be facing personal risk, so we urge physicians to follow the recommended guidelines and practices for self-protection, and have [resources available on our website](#) to assist.

In these trying times, ask yourself the question: “*What is in the best interest of the patient?*”, then “*just do the right thing*”.

Guidance and resources are available on our [website](#).

Sincerely,



Dr. K. Shaw, M.D.
Registrar

Sincerely,



Dr. Werner Oberholzer
Deputy Registrar