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.

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Note: This statement is applicable for the duration of the COVID-19 pandemic.

CPSA Perspective
CPSA has advised physicians the extraordinary burden of the current situation may put additional constraints on your delivery of care, and consequently you may be in a position where it is not possible, or not in the patients’ best interest to abide by all of our standards explicitly. If a situation such as that were to arise, our expectation is that physicians will always try to act in the best interest of their patients. In situations like these, physicians should be guided by our Code of Ethics & Professionalism, especially:

- Consider first the well-being of the patient.
- Take all reasonable steps to prevent harm to patients.

CPSA will always consider the individual circumstances and context if a complaint arises during the COVID-19 pandemic. In an emergency situation, failure to meet standards may not be considered
Making Difficult Practice Decisions in a Pandemic

unprofessional conduct if a physician can demonstrate all reasonable actions in their service to patients were taken.

Operating a practice in a pandemic
Like many Alberta businesses, the impact of physical distancing is having an effect on how physicians practice.

CPSA has issued COVID-19 Virtual Care advice to help physicians respond to these challenges by taking steps such as providing care virtually.

Physicians whose personal health has been impacted by COVID-19 must follow public health direction to self-isolate due to possible contact and/or to self-quarantine because of confirmed or suspected COVID-19 illness.

CPSA recognizes many doctors are concerned for their own personal health and safety at this time. It’s a real and understandable concern. Physicians with a health condition that puts them at risk need to protect their own health. For those who are healthy, and not at increased risk, patients need physicians’ help on the front lines. Clearly, physicians cannot be forced to do anything, but it is times like this that define us, not just as individuals, but as members of a profession with a deep-rooted pride in supporting patients in time of need.

CPSA is highly encouraged by the professionalism of the majority of our profession and sincerely thank the many physicians who responded to CPSA’s COVID-19 physician registry survey and have offered assistance to help beyond their usual practice obligations.

Effect of pandemic on practice viability
CPSA recognizes physicians who own and operate community-based practices are facing an economic crisis in addition to the health crisis. Like many Alberta businesses, the impact of physical distancing is having an effect on the viability of physician-owned medical practices.

As a result, physicians are making business decisions to minimize practice-related costs to offset the lack of income associated with the need to physically distance and stop non-essential care.

CPSA understands there is financial vulnerability for physicians, but there is also an increased vulnerability for patients’ health that cannot be overlooked. This is a time, when there may be some work to be done on the business side, which includes the expected supports for small business that will be coming from several levels of government (provincial and federal), seeking bridge financing or considering other alterations in your business model. Finally, if your clinic has PCN involvement, the PCN Accelerating Change Transformation Team (ACTT) may be worthwhile contacting. The previous support provided by the Practice Management Program (PMP) was folded into that unit,
but assisting physicians with their practice and change (in response to all sorts of stressors) remains part of their mandate.

There is no doubt these are exceptionally difficult times on many fronts. While physicians are certainly allowed freedom to change, enter or leave practice, our primary responsibility must be to ensure any such changes are done with the health of our patients and continuity of their care in mind.

**Guidance to Physicians regarding practice modification**

CPSA has heard a small number of physicians are contemplating closing their practices as a result of financial challenges. The following advice is intended to provide guidance to physicians thinking about temporarily or permanently closing their practices. First, physicians should look to the Code of Ethics and Professionalism, following this code will lead you to the right decision. While some Standards of Practice are difficult or impossible to follow in the COVID-19 environment, some remain critically important. By applying the following principles when making decisions, it will be clear which standards are important to abide by:

- Consider first the well-being of the patient; and
- Take all reasonable steps to prevent harm to patients.

The Closing or Leaving a Medical Practice standard contains important direction for physicians. It is important to note this standard applies to a number of scenarios, such as closing a clinic permanently, as well as a significant scope of practice change that will impact your patients (e.g. a temporary closure or significant scope restriction such as giving up obstetrics).

Important considerations before making the decision to close or modify a practice:

- Is this the right decision to make in the midst of a crisis?
- Is the situation different from your colleagues who continue to provide services virtually or accommodated caring for patients to the best of their ability?
- What impact will this decision have on your colleagues and the health system? Will these actions be adding to their colleagues stress?
- Will the broader consequences of this decision impact all Albertans who need care in this crisis (e.g.: by putting additional stress on the health care system)?

Perhaps there is a better way to modify practice and meet professional obligations while still ensuring patients receive care.
CPSA has provided suggestions to the profession in our COVID-19 advice and advice on urgent care in a pandemic.

If no other option exists but to close a practice completely, the Closing or Leaving Medical Practice standard requires patients be provided a minimum of 90 days’ notice when an expectation of ongoing care exists.

With regard to AHS facilities and withdrawing from the ER or other hospital based practice, a process is already in place for physicians to make an application to AHS for a change in privileges: CPSA expects physicians will comply with contractual agreements at this time (e.g.: AHS bylaws).

Is 90 days’ notice to close a practice sufficient in a pandemic environment?
Consider the reason for this requirement: it ensures patients’ ongoing medical needs will continue to be met in the transition and prevents patient harm due to loss of continuity of care. In a pandemic environment, where all businesses and practices may be impacted for several months, it will be very difficult for patients to identify an alternative care provider if their physician is no longer available to them. Outstanding tests or consultations may be delayed for more than 90 days due to the pandemic, and the requesting physician has a professional and ethical obligation to ensure follow-up is completed. Therefore, even 90 days’ notice may put patients at risk of harm resulting from lack of follow-up of results.

Temporary closures of practices
The Continuity of Care standard of practice requires physicians who have patients with expectations of ongoing care to have the right systems in place to ensure that their patients’ ongoing medical needs are met. The Episodic Care standard makes it clear that episodic care physicians who order tests also remain responsible for all necessary follow-up care unless it is documented that a colleague has agreed to provide the follow-up.

When making a decision about closing practice temporarily during the pandemic, consider these questions:

- Is it reasonable and in the best interests of patients to revoke the responsibility to follow up on patients’ outstanding issues and ongoing needs because of the impact of the pandemic on the practice?
- Will patients come to harm if they are unable to receive follow up on tests, critical or otherwise?
- What barriers exist to abandon this coverage?
How can those barriers be mitigated or resolved?

What do I do if I can’t work because I must self-isolate?

It is important to balance professional obligations with self-care. CPSA has heard from a number of physicians who are in self-isolation and able to meet their practice obligations virtually, such as following up outstanding investigations and connecting with patients who need advice. Many physicians in self-isolation have also responded to our COVID-19 Physician Registry and indicated they are able to help out even more if needed. The response to our COVID-19 Physician Registry has been overwhelming, with many physicians offering to help should the need arise.

CPSA recognizes physicians have already become ill with COVID-19, and in the upcoming weeks, it is possible that COVID-19 may affect many more physicians. Clearly physicians must look after their own health. If you are unable to work and need help to ensure your patients get the care they need, connect with your colleagues and leadership in your clinics, PCNs and AHS and ask for their assistance.

Further assistance

CPSA is ready to help you get answers related to this document and all your COVID-19 related concerns so please reach out to Chantelle Dick at chantelle.dick@cpsa.ab.ca. We know it is important to get you what you need as soon as possible.