
Policy Regarding Accepting New Patients

Note re. Guidelines and Policies

This document is a physician **guideline** approved by the Council of the College of Physicians and Surgeons of Nova Scotia.

Guidelines contain recommendations endorsed by the College of Physicians and Surgeons of Nova Scotia. The College encourages its members to be familiar with and to follow its guidelines whenever possible and appropriate. Note that guidelines may contain references to College policies.

Policies reflect the position of the College of Physicians and Surgeons of Nova Scotia. Physicians licensed with the College are expected to be familiar with and to comply with College policies.

Background

Access to physicians is a concern for the public, the medical profession and the government. Physicians are feeling pressured to care for an increasing number of individuals, but there is a limit to the patient load any one physician can handle.

In an attempt to manage workload, some physicians have screened patients using questionnaires or interviews. In some cases, such prior consultation has been interpreted as an unfair screening or “cherry picking” process, which patients “pass” only if they respond in a certain way.

This policy sets out expectations for physicians when accepting new patients so that they do so fairly and professionally.

Please note: An appendix (on page four) was added to this document in October 2011. This appendix contains a physician Q&A regarding suspected drug-seeking patients.

Scope

This policy applies to all physicians when accepting new patients at any point during their practice.

Principles

The practice of medicine is founded on the values of compassion, service, altruism and trustworthiness. These values form the basis of professionalism. Professionalism is essential to ensuring public trust. Professionalism should underlie all interactions between physicians and the public.

College Policy

Physicians who are accepting new patients into their practices should use a first-come, first-served approach. While initial appointments and health status questionnaires are acceptable practice for physicians to get to know new patients and to learn of their health concerns and history, these may not be used to select “easy patients” and/or screen out those with more difficult health concerns, such as chronic or terminal disease.

Related Policy and Legislation

The College has endorsed the **Canadian Medical Association *Code of Ethics (Update 2004)***, which states:

17. In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician’s right to refuse to accept a patient for legitimate reasons.

18. Provide whatever appropriate assistance you can to any person with an urgent need for medical care.

As providers of professional services, physicians are bound by the **Nova Scotia *Human Rights Act***, which prohibits discrimination regarding provision of or access to services or facilities on the basis of age, race, colour, religion, creed, sex, sexual orientation, physical disability or mental disability, an irrational fear of contracting an illness or disease, ethnic, national or aboriginal origin, family status, marital status, source of income, political belief, affiliation or activity. Failing to abide by the Human Rights Act may result in a complaint to the Nova Scotia Human Rights Commission.

Exceptions

While physicians should accept or refuse new patients on a first-come, first-served basis, clinical competence and scope of practice are permissible grounds for limiting patient entry into a practice.

For example, some physicians' practices are focused on treating certain groups, such as female, geriatric, or pediatric patients. Where the focus is legitimately based on clinical competence and a clearly defined scope of practice, this would be a generally acceptable reason for refusing to accept a potential patient. In such cases, it is expected that physicians will, to the best of their ability, provide a referral to another physician with the appropriate expertise.

Decisions to accept or refuse new patients must be made in good faith. Clinical competence and scope of practice must not be used as a means of unfairly refusing patients with complex health care needs or patients who are perceived to be otherwise "difficult". Clinical competence and scope of practice must be communicated to all individuals who initially inquire about becoming a new patient. This will help determine if it is appropriate for the individual to make an appointment.

Caring for patients' family members is part of the ethos of family practice. Accordingly, physicians who are not otherwise accepting new patients are justified in accepting immediate members of existing patients' families into their practices.

References

College of Physicians and Surgeons of British Columbia: Establishing a Patient-Physician Relationship (March 2008): (<https://www.cpsbc.ca/files/u6/Establishing-a-Patient-Physician-Relationship.pdf>)

College of Physicians and Surgeons of Ontario: Accepting New Patients (Draft, September 2008)

Canadian Medical Association Code of Ethics (Update 2004): (<http://www.cpsns.ns.ca/publications/cmaethics.html>)

Nova Scotia Human Rights Act: (<http://www.gov.ns.ca/legislature/legc/statutes/humanrt.htm>)

Acknowledgements

In developing this policy, the College adapted existing and draft policies from the Colleges of Physicians and Surgeons of British Columbia and Ontario.

Appendix

FAQ re. treating patients suspected of seeking controlled drugs for abuse or diversion

Preamble

The College of Physicians and Surgeons of Nova Scotia recognizes that patients suspected of seeking controlled drugs for abuse or diversion often present great challenges to physicians.

Nevertheless, physicians who deny care to such patients may be subject to charges of discrimination under the Nova Scotia *Human Rights Act*. The College expects that physicians will care for these patients to the best of their ability while complying with the terms of the *Human Rights Act* and this policy.

The following information may be of assistance when dealing with drug-seeking patients.

(1) I sometimes turn away new patients if it appears that they are seeking controlled drugs from me for abuse or diversion. Am I correct that the *Policy Regarding Accepting New Patients* does not allow this?

The *Policy Regarding Accepting New Patients* permits you to decline new patients solely on the basis of your scope of practice (such as a focus on geriatric or obstetrical care) and/or your clinical competence (situations in which you are not qualified to treat the patient). While it is not acceptable to turn away patients who appear to be seeking controlled drugs for abuse or diversion, you are fully justified in refusing to prescribe controlled drugs to this group of patients.

(2) Why does the policy not permit me to decline service to this group of patients?

The policy acknowledges that all patients have a fundamental right to receive medical care, and that patients who request controlled drugs often have addictions and/or co-morbidities that need medical attention. Denial of care in this situation could constitute discrimination under the Nova Scotia *Human Rights Act*. If treating addiction or co-morbidities is outside your scope of practice or clinical competence, you should refer these patients accordingly (to addiction services, for example), while caring for other aspects of their health, as appropriate.

(3) How can I deal with this difficult group of patients while remaining in compliance with the policy?

The College acknowledges the often significant difficulty faced by physicians when dealing with patients whom they suspect to be seeking controlled drugs. The following four steps are recommended:

1. Require treatment contracts for patients who are prescribed controlled medications. (Links to sample contracts and related information are provided below).
2. Prominently display a notice in your office and provide a note to all new patients that describes the above requirement and the consequences of non-adherence.

3. Familiarize yourself with the College guidelines for terminating a patient's care. Termination of care is an acceptable option when a patient refuses to adhere to a treatment contract. (A link to this document is provided below).
4. Contact the Nova Scotia Prescription Monitoring Program (see link below) to discuss the situation if you suspect that the patient is seeking controlled drugs for abuse or diversion.

(4) Where can I find more information?

Medical Consultant: Nova Scotia Prescription Monitoring Program

Contact information at: <http://www.nspmp.ca/contact.php>

Sample Opioid Medication Treatment Agreement:

Appendix "B" in *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* (Endorsed by the College)

http://nationalpaincentre.mcmaster.ca/documents/opioid_guideline_part_b_v5_6.pdf

Guidelines for Ending the Physician-Patient Relationship (CPSNS publication):

<http://www.cpsns.ns.ca/LinkClick.aspx?fileticket=QGhhNqxNR38%3d&tabid=92&mid=630>

Nova Scotia Prescription Monitoring Program:

<http://www.nspmp.ca/>

Responding to prescription fraud (CMPA publication):

http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/infosheets/2004/com_is0441-e.cfm

Nova Scotia Human Rights Act

<http://nslegislature.ca/legc/statutes/humanrt.htm>

Document History

Approved by Council: March 27, 2009

Amended version (Appendix added) re-approved by Council: October 14, 2011

Approximate date of next review: October 2016

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