



Providing Medical Care during COVID-19

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What is the standard of care during the COVID-19 pandemic?

The standard of care expected is that of a standard of care during a pandemic. For CPSM members providing care, the standard of care expected during a pandemic will recognise the challenges within the healthcare system, the challenges of COVID-19-patients, and the additional challenges members face practising medicine in the pandemic. The standard of care will fluctuate at different times during the pandemic and in different circumstances, and in different practices for each patient encounter, yet the standard of care will always reflect the challenges faced by CPSM members providing care during the COVID-19 pandemic.

Members should not be reluctant to provide care, even when it may be extremely difficult to follow some components of CPSM's *Standards of Practice*. CPSM 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 is not considered unprofessional conduct if a member can demonstrate they took all reasonable actions in their service to patients."

How will the restrictions on care that is not medically indicated change on January 8, 2021 (e.g. aesthetic services and procedures)

Effective January 8, 2021, members are permitted to provide care that is not medically indicated (e.g. aesthetic services and procedures).

Members' provision of care remains critical to the health and well-being of Manitobans during this pandemic. Given the continued spread of COVID-19 it is prudent for members to limit in-person interactions with patients where it is appropriate to do so. Members must use their professional knowledge, skill and judgment to determine which patients require in-person or virtual care and/or when care can safely be deferred. All in-person care must be provided in

compliance with the current required PPE, social distancing, mask-wearing, capacity limits and other Public Health and Shared Health COVID-19 requirements.

Members who are providing care to patients that is not medically indicated (e.g. aesthetic services and procedures) should consider the following when applying their professional knowledge, skill and judgment to decisions regarding services and procedures:

- Is the benefit to the individual patient worth the risk of them potentially being exposed to Covid-19 during their assessment, treatment and/or follow up care, or through associated travel or required assistance from others? Special consideration must be given to high-risk patients.
- Could scarce resources, like acute care, need to be accessed if the procedure does not go as planned? How will this be coordinated?
- Would your peers perceive the decision to provide in-person care/services or procedures as appropriate? Would your peers perceive these actions as being self-serving, rather than putting the needs of patients, staff and society first?
- Are you able to ensure the appropriate level of PPE and infection and prevention control measures per Public Health and Shared Health Guidelines?

Decisions regarding services and procedures recommended for an individual patient should be clearly documented in the patient record.

As a self-regulating profession, physicians must identify and act accordingly with what is best for both their patients and the public and recognize the need to be flexible as the situation with COVID-19 evolves in Manitoba.

How do I treat essential workers (i.e. Truck Drivers) that regularly travel across the US-Canada border and who will screen positive as a result?

You may have some patients who are essential workers that are required to regularly travel across the US-Canada border as a part of their job. As a result, they will always screen positive when using the Shared Health [screening tool](#) simply because the nature of their work.

Recognizing that these individuals have been deemed essential workers and exempted from the quarantine and isolation rules set out by the federal government, CPSM is supportive of physicians exercising their clinical judgment regarding how to best care for these patients when they screen positive solely because of work related travel. An immediate deferral of in-person care or redirection to another facility is not necessary in these instances provided appropriate safety precautions (PPE) can be met. If there is no opportunity to see a patient following a 14-day window without travel across the border or a negative COVID-19 test, physicians should arrange to see the patient for any in-person care if they can satisfy the recommended precautions to do so safely (i.e., immediately isolating the individual upon arrival, use of appropriate PPE, having the patient attend at the end of the day, etc.).

At the beginning of the pandemic in March 2019, CPSM wrote the following which is still applicable.

Am I required to provide Medical Services during the pandemic?

Members are vital to the health care team and are critical to the success of managing this pandemic. **Members have a duty to continue to care for their patients and provide care to other patients during a pandemic.**

The Code of Ethics and Professionalism provides:

- Provide whatever appropriate assistance you can to any person who needs emergency medical care.
- Consider first the well-being of the patient.
- Take all reasonable steps to prevent harm to patients.

In fulfilling your individual commitment to patients, professional commitment to colleagues, and collective commitment to the public, you have an ethical obligation to be available to provide medical services during pandemics. In general, it is unacceptable to close your practice. Patients still need regular medical care for routine non-COVID-19 related health concerns and for chronic disease management. CMPA also has information which you may find helpful. <https://www.cmpa-acpm.ca/en/covid19>.

Regarding the Public Health announcement on April 30, what types of care can I provide commencing May 4, 2020?

Physicians who provide non-insured health services to patients as part of their practice may resume providing those services as of May 4th, 2020 under the new Provincial Public Health Orders, provided that the provisions outlined below are followed:

- PPE must be worn as per the **Shared Health Requirements** found here:
<https://sharedhealthmb.ca/files/covid-19-provincial-ppe-requirements.pdf> and
<https://sharedhealthmb.ca/covid19/providers/ppe-resources/>
- Guidelines for opening of Therapeutic and Health Business outlined in the Manitoba Government's **Restoring Safe Services Plan** must be followed:
<https://www.gov.mb.ca/covid19/restoring/phase-one.html#therapeutic>
- Services must be provided by and/or overseen by a **regulated health professional**. –

Examples of these non-insured services include cosmetic procedures and surgery, injections and laser, as well as circumcision and hair transplant.

CPSM also recommends you review the “**New Normal**” message that was sent today, May 1, 2020 from Shared Health. It contains information on a number of important topics pertaining to care provided.

Am I required to be knowledgeable about COVID-19 and the province's plans?

You must make reasonable efforts to inform yourself of relevant information from Government sources and stay informed. Here is the most up to date information on COVID-19 in the province. <https://sharedhealthmb.ca/covid19/providers/>

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But I am sick!

Stay home and take care of yourself!

But what if I am well but in self isolation due to a Government directive or am immunocompromised?

If unable to provide patient care due to health (yours and your family's), age, or government imposed self-isolation, then these reasons may limit your ability to provide direct medical care to people in need.

Take reasonable steps in the circumstances to help make coverage arrangements for patients' ongoing care needs (recognizing stresses on the healthcare system). Make sure you or another

regulated health professional reviews diagnostic results. If possible, engage in indirect activities that support the response effort during this pandemic. Optimize telemedicine and virtual care alternatives to providing care.

Younger healthier colleagues from our physician group are being assigned to assess suspect/confirmed COVID-19 positive patients over other colleagues who have higher risk conditions. Therefore, I will be at a higher risk to both contract COVID-19 and to transmit it to my family. What are the ethics of this?

This is one among many ethical issues confronting the profession at this challenging and exceptional time. Healthcare professionals are very anxious about COVID-19; not only in terms of their own wellbeing, but also concerning that of their families, friends and colleagues. Risk mitigation is essential in this context and involves a difficult balancing.

There is a need to recognize that there are healthcare professionals in the system that are at higher risk. We all need to work together to appropriately support these people. It is reasonable to support our colleagues more at risk by reducing their potential exposure to the virus, usually through strategic allocation of resources. Much of this decision making is institutional and beyond the control of the College. The healthcare system is in an extremely difficult situation and there are no easy answers. If you feel there are legitimate risk factors in your life that need to be considered, it may be wise to raise these to your colleagues so that the team in which you work can find a workable solution.

CPSM's position that **members have a duty to continue to care for their patients and provide care to other patients during a pandemic**. You are urged to carefully review the Code of Ethics and Professionalism (specifically to the 'Commitment to self-care and peer support' and 'Physicians and colleagues' portions of the Code of Ethics.)

As physicians we have a shared accountability to patients and a duty to place their interests above our own. These are the fundamental principles that should guide you now.

Some physicians live in other provinces, but practice in Manitoba or the converse. With the restrictions on border crossings can I still practice in Manitoba if I commute from Toronto?

[Shared Health guidelines](#) cover healthcare providers treating in Manitoba. CPSM expects every member to comply with these.

Should I defer non-essential diagnostic testing for some of my patients? What is essential during a pandemic?

Some of you may not have seen the [memo from the Chief Provincial Public Health Officer](#) that only essential diagnostic testing – laboratory, imaging and cardiac services, should be ordered for both inpatient and outpatient populations.

Tests are generally considered essential if they will guide immediate care management decisions. Use your professional judgement and clinical knowledge to determine whether testing is essential. Regular monitoring and testing of patients requiring INR, some therapeutic drugs, etc. should still take place.

This is a reminder of your duty to check the [Shared Health website](#) daily!

Click [HERE](#) for further info on providing medical care regarding PPE.