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Below is an update of the CPSM September 2020 Council meeting which took place on Friday, September 25, 2020.

September 2020 Council Meeting update to all CPSM members.

1 – Standard of Practice for Prescribing Benzodiazepines and Z-Drugs

THIS STANDARD IS EFFECTIVE NOVEMBER 1, 2020.

This Standard establishes the standard of practice and ethical requirements of all members in relation to prescribing benzodiazepines and/or Z-Drugs for maximum safety for all patients whether in the community or in a health care facility. Medical evidence of the risk to benefit ratio of prescribing benzodiazepines and/or Z-Drugs has altered over time, so prescribing these drugs must be in accordance with current medical knowledge. In prescribing benzodiazepines and/or Z-Drugs each member exercises their clinical judgment, which is to be that of a member acting reasonably in the circumstances with current medical knowledge.

This Standard does not apply to the use of these drugs in the treatment of cancer, palliative and end-of-life patients, seizure disorders, bipolar/psychotic disorder, and acute alcohol withdrawal.

The conditions where benzodiazepines are most commonly prescribed (anxiety and insomnia) remain sources of debate in medical circles. Physicians must consider multiple factors when prescribing benzodiazepines. The Standard tries to strike the best balance between the benefits benzodiazepines and Z-drugs provide for many patients with the risk posed to some patients.

To assist members in their prescribing practices CPSM has created two documents:

- Standard which establishes the compulsory rules for prescribing benzodiazepines and Z-Drugs
- Contextual Information and Resources document which explains the risks in Manitoba, for elderly patients, and in general (be mindful of polypharmacy), impairment for driving, and suggested resources.

Here is the [Standard of Practice](#) including Contextual Information and Resources

2 – Standard of Practice for Authorizing Cannabis for Medical Purposes

THIS STANDARD IS EFFECTIVE NOVEMBER 1, 2020

This Standard articulates the standard of practice and ethical requirements for all members using their clinical skill, knowledge, and judgment in authorizing cannabis for medical purposes. This Standard does not apply to prescribing nabilone and Sativex®. This Standard does apply to all other cannabinoids and derivatives including oils. Members are expected to educate themselves on authorizing medical cannabis, including clinical pharmacology, dosing, potential therapeutic uses, warnings, adverse effects and toxicity.

Cannabis is unique compared to medications prescribed by physicians. Consider the following: it is now available recreationally in stores. There is limited good-quality evidence to support cannabis use for most medical conditions, yet a legal regime establishes the ability for medical practitioners to authorize it. There are no uniform titration and dosage schedules, no standardized THC:CBD ratios, dispensers may provide variable products, and patients may have strong expectations of its almost mythical healing powers for many diverse conditions.

In the age of recreational cannabis, many might ask why is there a need for medical cannabis? First, there is clinical evidence demonstrating the efficacy of cannabis for certain medical conditions and those patients should have access to a medical source no different than other drugs. Second, while available recreationally, many patients may obtain reimbursement from insurance or other organizations.

The conditions where cannabis is most commonly authorized remain sources of debate in medical circles. Physicians must consider multiple factors when authorizing medical cannabis. Good clinical judgment and an evidence-based approach remain key to safe and appropriate authorization. This Standard will set CPSM's minimum requirements for all physicians authorizing medical cannabis and ensure authorizing when clinically indicated for good patient care.

To assist members in their prescribing practices CPSM has created two documents:

- Standard which establishes the compulsory rules for authorizing cannabis and
- Contextual Information and Resources document which explains the legal framework, available evidence for clinical recommendations, dosages, the medical authorization document, fees, and suggested resources.

Here is the [Standard of Practice](#) which includes Contextual Information and Resources

3 – Maintaining Boundaries – Sexual Involvement with a Patient

As societal values evolve, CPSM must reconsider whether the public interest and patient safety are being served with the appropriate standards of practice and procedures regarding boundary violations – sexual involvement with a patient.

In establishing this as a Strategic Organizational Priority, Council recognized CPSM's mandate to protect patients and ensure that they have access to medical care without encountering inappropriate sexual comments or any type of sexualized physical contact, ranging from an otherwise legitimate examination conducted in an inappropriate manner to abuse or assault.

Maintaining boundaries and sexual involvement with a patient strikes at the ethical core of public protection and patient safety. The unique nature of the relationship between patients and physicians is the foundation for prohibiting sexual contact and sexualized interactions between physicians and their patients, and strictly limiting sexual contact and sexualized interactions with former patients and persons who are interdependent with a member's patient. Sexual impropriety is treated as a very serious failure to maintain boundaries and the severity of the misconduct is assessed along a continuum. All allegations of sexual impropriety are investigated vigorously and prosecuted if the standard for referral to Inquiry is met with the primary focus being the public interest and protection of patients.

A Working Group was formed to review CPSM's law, policies, procedures, and Standard of Practice for addressing matters of maintaining boundaries with a patient. The Working Group prepared a report and recommendations that were reviewed by Council. Council approved distributing the report and recommendations for the Standard of Practice for consultation with the public, members, and stakeholders. **Expect to see this consultation in your email soon.**

4 – Virtual Care Standard of Practice

Council directed the Registrar to proceed with the strategic organizational priority of updating the Standard of Practice for Virtual Medicine. This is particularly timely given the overnight shift to virtual care by much of the medical profession during the COVID-19 pandemic.

The Virtual Medicine Standard of Practice (and other rules) are to be updated to reflect the changes and experiences gained by the several months of extensive use by the profession. This is important and timely as crucial elements of practicing medicine changed very significantly during this pandemic, recognizing virtual care, new technologies, and new prescribing practices to mention just a few items. It is considered these changes will not be temporary, but permanent in some way – just how needs to be determined. Similar initiatives are occurring across the country.

A Working Group is to be formed to develop a draft updated Standard of Practice for review by Council and subsequent consultation with members, the public, and stakeholders will take place prior to implementation. For clarity, virtual care refers to the provision of medical care by a Manitoba member to a Manitoba patient; it is not the interprovincial practice of medicine.

5 – Patient Records Standard of Practice

Patient safety requires that patient records, whether in a community clinic or hospital, are adequate and appropriate records of the care provided for the patient. Good medical care as defined in the *CPSM Standards of Practice Regulation* must include “the documentation of the patient record at the same time as the medical care is provided or as soon as possible after the care is provided.” CPSM has a current Standard that requires review and updating as part of a multi-year cycle. The current Standard requires updating to factor in new developments in electronic record keeping.

A **Working Group is to be formed to develop a draft updated Standard of Practice** for review by Council and subsequent consultation with members, the public, and stakeholders will take place prior to implementation.

6 – Duty to Report Standard of Practice

Members have a legal and professional obligation to maintain the confidentiality of patient information. There are circumstances, however, where physicians are either required or permitted to report particular events or clinical conditions to the appropriate government or regulatory agency, including reporting self or colleagues to CPSM. With respect to self-reporting or reporting of a colleague for matters of health, CPSM recognizes that a member has the right to make decisions regarding his or her health, balanced with CPSM’s mandate to serve the public and ensure the safe practice of medicine by its members. This Standard will set out circumstances that may require or permit members to make a report.

The current duty to report provisions are scattered throughout the Standards of Practice and legislation and includes duties to report another member to CPSM and self-reporting to CPSM. There are also statutory requirements for a wide variety of reporting including, but not limited to reporting:

- certain communicable diseases to Public Health
- a child in need to Child and Family Services
- sexual abuse of a patient
- births, still births, and deaths of patients
- impairment to Manitoba Public Insurance and Transport Canada for driving and flying
- gun shot wounds to the police
- correctional facilities
- privacy breaches

A **Working Group is to be formed to develop a draft updated Standard of Practice** for review by Council and subsequent consultation with members, the public, and stakeholders will take place prior to implementation.

NOTE: CPSM relies upon a wide group of volunteers for its Working Groups. If you are interested in participating in one of the above Working Groups, please advise. CPSM is interested in obtaining the experiences of those with a wide range of practices, rural, new to practice, hospital or community practices, and diversity in the profession.

Sincerely

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