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The legal framework for the CPSM Standard of Practice for Medical Assistance in Dying (MAID) changed with the passage of Bill C-7 on March 17, 2021. See Standard for more details.

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PHIA

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Accuracy and completeness

Communication with patient

Organization and intelligibility

Date and time of entries

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Documentation of care provided by registrant via another health care professional

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5. Patient Access Rights and Transferring Patient Records

Patients' right to examine and copy information

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- 5. During and After Engaging in Virtual Medicine
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WITHHOLDING AND WITHDRAWING LIFE-SUSTAINING TREATMENT

General Requirements

- 1. Clinical Assessment
- 2. Communication
- 3. Implementation
- 4. Documentation

Specific Requirements

- No Consensus The physician offers life-sustaining treatment but the patient/proxy declines treatment or the representative advocates withholding or withdrawing treatment.
- No Consensus The minimum goal is not realistically achievable and the physician concludes that life-sustaining treatment should be withheld or withdrawn but the patient/proxy/representative does not agree and/or demands life-sustaining treatment.
- 3. No Consensus The minimum goal is achievable, but the physician concludes that life-sustaining treatment should be withheld or withdrawn, and the patient/proxy/representative does not agree and/or demands life-sustaining treatment.
- 4. Emergency situations where communication between physician and patient/proxy/representative cannot occur.

5. Cardiac arrest and resuscitation, cardiopulmonary resuscitation (CPR) and/or advanced cardiac life-support (ACLS), and do not attempt resuscitation (DNAR) orders.

SEXUAL BOUNDARIES WITH PATIENTS, FORMER PATIENTS & INTERDEPENDENT PERSONS

- 1. Purpose
- 2. Foundation of the relationship
- 3. Scope of this Standard of Practice
- 4. Sexual Boundary Violations the Spectrum of Prohibited Conduct
- 5. Persons Interdependent with the Patient
- 6. Former Patients
- 7. Psychotherapeutic Relationships
- 8. Consequences of Breaching this Standard of Practice

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- Part 1. Application
- Part 2. Standard of Care
- Part 3. Primary Care Provider
- Part 4. Supporting Patients
- Part 5. Continuity of Care and/or Follow-up Care
- Part 6. Prescribing
- Part 7. Virtual Episodic and "Walk-In" Care

Contextual Information and Resources

PERFORMING OFFICE-BASED PROCEDURES

- 1. Knowledge, Skill, and Judgement
- 2. Safety and Quality of Care
- Seeking Patient's Consent
- 4. Practice Management of Procedures Provided by Non-CPSM Registrants
- 5. Obligations of Medical Director
- 6. Liability Coverage
- 7. Communicating Information about Procedures Offered
- Honesty in Financial Dealings

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Contextual Information and Resources

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- 2. Qualifications
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- 4. Quality and Patient Safety
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- 1. General
- 2. Prescription Writing
- 3. Older Adult Patients Additional
- 4. Applicable Drugs for This Standard

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Risks of Benzodiazepines in Manitoba

Risks of Benzodiazepines in General

Risks of Benzodiazepines in the Elderly

Driving or Operating Heavy Machinery and Benzodiazepines and Z-Drugs

Application of Standard

Tapering

Working with the Pharmacist

Suggested Resources

FAOs

PRESCRIBING OPIOIDS

- 1. Acute Pain or Post-Operative Analgesia Patient
- 2. Initial Trial for Non-Acute Non-Cancer Pain in Opioid Naive Patients Prescribed Amount up to 50 Milligrams Morphine Equivalents per Day
- Patients Currently Prescribed Between 50 and 90 Milligrams Morphine Equivalents per Day (mid-level risk)
- 4. Patients Prescribed More Than 90 Milligrams Morphine Equivalents per Day (high-level risk)
- 5. Patients New to a Member's Practice and Already Taking Opioids for a Significant Period of Time
- 6. Adolescent Patients
- 7. Continued Prescribing of Opioids for Patients with Non-Cancer Pain

PRESCRIBING REQUIREMENTS

- 1. Prescription Content
- 2. Sample Medication
- 3. Direct Patient Contact
- 4. Verbal Prescriptions
- 5. Method of Prescribing M3P Drugs (note the CPSM General Regulation, s. 5.8)
- 6. Dispensing Physicians

ADMINISTRATION OF PROFESSIONAL PRACTICE STANDARDS

ADVERTISING

- 1. Advertising in Medical Practice
- 2. Services Offered on Web Site

BLOODBORNE PATHOGENS

- 1. Definitions
- 2. All Registrants:
- 3. A registrant who is known to have actice infection with HBV and/or HCV and/or HIV must:
- 4. A registrant who comes in contact with the blood or other body fluids of an individual who is known to carry a blood borne pathogen must consult a physician to receive appropriate medical care and follow-up care.
- 5. A registrant who is aware of another registrant being positive for HBV and/or HCV and/or HIV must report the matter to the Assistant Registrar of CPSM.

CONFIDENTIALITY AND PRIVACY

- 1. Transmission of Health Information
- 2. Medical Information to Third Parties and Sickness Certificates
- Observers
- 4. Responding to Requests for Information or Opinion

CONFLICT OF INTEREST

- 1. Conflict of Interest Involving Financial or Personal Gain in the Care of a Patient
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 - 1.2 Benefit for Service
 - 1.3 Inducements
 - 1.4 Sale of Products
 - 1.5 Job Action
 - 1.6 Facilitating Adoptions
 - 1.7 Disclosure
- 2. Relationship with Industry

- 2.1 Patient Care
- 2.2 Research Activities
- 2.3 Continuing Professional Development Activities
- 2.4 Personal Benefit
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- 1. Disclosure of Changes or New Information
- 2. Change in Practice Location(s) and Contact Information
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- 4. Termination of Practice

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 - 1.1 Accepting Patients
 - 1.2 Prohibited Grounds for Refusing Patients
 - 1.3 Billing for Meetings
- 2. Practice Management: Ending a Member-Patient Professional Relationship
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 - 3.1 Notice of Intention to Close, Leave or Move
 - 3.2 Alternate Care Arrangements
 - 3.3 Information on New Location
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 - 4.1 Notice of Billing for Uninsured Services
 - 4.2 Block Billing
 - 4. 3 Missed Appointments
 - 4.4 Required Services
 - 4.5 Accounting Records

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- 2. Requirements
 - 2.1 Designation of Most Responsible Physician
 - 2.2. Medical Students
 - 2.3. Trainees
 - 2.4. Professional Relationships
 - 2.5. Reporting Responsibilities
 - 2.6. Consent and the Educational Environment