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# Access to Medical Care Without Discrimination

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**S** March 7, 2023

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**S** [Care Coverage Outside Regular Office Hours](#); [Charging for Uninsured Services](#); [Ending the Patient-registrant Relationship](#); [Leaving Practice](#); [Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics](#); [Referral-consultation Process](#)

A **S S** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

## E

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

The Canadian Medical Association (CMA) Code of Ethics and Professionalism is founded on the fundamental principles and values of medical ethics: compassion, beneficence, non-maleficence, respect for persons, justice, and accountability. Appropriate access to medical care is a core value of Canadian society, and this access should be equally available to all patients, including those in vulnerable and marginalized populations.

Discrimination in the provision of medical services is prohibited in British Columbia under the BC Human Rights Code, which ensures protection for individuals who are actual or perceived members of certain protected groups. Such groups are classified by characteristics or protected grounds and include race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, and age.

The CMA *Code of Ethics and Professionalism* provides a similar prohibition against discrimination of patients on the grounds of age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status.

Neither the BC Human Rights Code nor the CMA *Code of Ethics and Professionalism* removes the registrant's right to refuse to accept a patient for legitimate reasons, as determined in law.

Other individuals in society, although belonging to less-defined categories, may be vulnerable and marginalized, and also deserving of respectful and fair access to medical services. These individuals may have communication challenges, complex medical problems or medical conditions related to aging where extra time for assessment may be necessary. Some may be dealing with insurance claims, which require a registrant to complete lengthy forms on their behalf. Others may have difficulty complying with recommended medical treatments as a consequence of active addictions, limited education, involvement in the criminal justice system or social problems. Refusing to treat anyone in such circumstances violates the medical profession's ethical principles.

Allegations of discrimination are carefully investigated on a case-by-case basis and may be sustained by the College where impact is demonstrated even if the registrant did not intentionally discriminate.

Registrants should note that allegations of discrimination may not only result in complaints to the College, but also to the BC Human Rights Tribunal.

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While it is generally understood that medical and surgical specialists treat specific groups of patients, some family physicians may also choose to focus their practice on specific areas of medicine such as addiction, sport or occupation medicine.

While limiting a practice based on legitimate reasons is acceptable, decisions to accept or refuse new patients must be made in good faith. The College expects registrants who choose to limit their scope of practice to clearly advertise and communicate this to all patients seeking treatment. A defined scope of practice must not be used as a means of unreasonably refusing patients with complex health needs.

## H

Decisions regarding the urgency or prioritization of medical appointments should be based on clear and objective clinical criteria. In medically emergent or urgent situations, registrants

