



Professional Standards Regarding Conflict of Interest

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

A **standard** reflects the minimum professional and ethical behavior, conduct or practice expected by the College of Physicians and Surgeons of Nova Scotia. Physicians licensed with the College are required to be familiar with and comply with the College standards.

Preamble

A conflict of interest exists whenever a reasonable person could perceive that a physician's personal interest is at odds with the physician's professional responsibilities. Conflict of interest can be actual or perceived, provided the perception is reasonable.

At all times the onus is on the physician to demonstrate that the patient's interests have been maintained as paramount. Recognition and disclosure of a conflict of interest alone may not ensure that the patient's best interests have been maintained.

Professional Standard(s)

In all situations of conflict of interest, the physician must:

1. Recognize the conflict;
2. Disclose the conflict to the patient, so that the patient is fully informed of the nature of the conflict;
3. Document the details of the disclosure made to the patient; and
4. Thereafter act in a way that serves the patient's best interests.

Guidance

The following is intended to help physicians interpret the standards and are not to be considered a complete list of potential conflicts of interests.

Interpretive Guide

The interests of a physician can be influenced in a variety of ways. Conflicts of interest can occur in the following situations:

1. **A financial interest includes** situations where physician's primary interest of patient welfare may be influenced by financial gain. Financial benefits may be direct or indirect.
 - a. **Direct financial benefits** occur when a physician receives a direct benefit or payment such as:
 - receiving bonuses for recruiting patients into a research study;
 - industry funded physician speaking engagements;
 - payment from a pharmaceutical company to promote or prescribe the company's drug; and
 - ownership in a commercial medical devices company influences clinical decision-making.
 - b. **Indirect financial benefits** occur when a physician receives an indirect benefit such as:
 - industry supported funding for research on a medical device; and
 - job security for supporting specific research.
2. **A non-financial interest includes** situations where physicians receive a secondary benefit not related to a payment such as:
 - recognition of professional achievement .e.g., desire for international recognition may impair clinical judgment when evaluating the effectiveness of a new surgical procedure developed by the physician.
 - career advancement e.g., failing to disclose a consulting relationship with a pharmaceutical company who gives the physician a prestigious award.
 - support for religious/ideological beliefs, e.g., personal religious beliefs may interfere with objectivity in assisting to develop organizational policy on embryonic stem cell research.
3. **A personal interest** refers to situations where a physician's spouse or relative receives a secondary benefit such as:
 - referring patients to businesses or facilities in which the spouse or relative holds a material financial interest, including diagnostic and/or treatment facilities.
 - purchasing medical devices from a relative.

A conflict of interest can be actual or perceived, provided the perception is reasonable.

Guiding Examples

The following examples illustrate conflicts that would require action by the physician:

- The physician or medical department (if the physician is a decision maker in the medical department) chooses a supplier for surgical instruments or prosthetics where personal interests or indirect benefits may accrue.
- The physician prescribes a drug to patients in situations where the physician has a financial interest to do so.

- The physician recommends or enlists a patient in a research study, when the physician has a financial interest to do so.
- The physician researcher's allegiance to a particular school of thought in psychiatry influences the integrity of psychotherapy research.

For example, the following examples illustrate potential conflicts that would not require action:

- The physician prescribes a drug made by a company, shares of which he holds in his retirement fund. (Unless a significant holding is involved, this describes a situation where a reasonable person would not perceive the conflict to be adequately significant to require disclosure.)
- The physician provides free drug samples to an uninsured patient. (This describes a situation where, all things considered, doctor's interests are aligned with the patient.)

Resources

College of Physicians and Surgeons of Nova Scotia:

- [Professional Standards Regarding Advertising and Public Communications by Physicians](#)
- [Professional Standards Regarding the Sale of Products and Services to Patients](#)
- [Professional Standards Regarding Billing](#)
- [Professional Standards Regarding Interest or Ownership in a Facility or Enterprise](#)
- [Professional Standards Regarding Commercial and Ethical Aspects of Research](#)

Canadian Medical Protective Association:

- [Commercial Interests and How Physicians Can Avoid the Pitfalls, 2015](#)

Canadian Medical Association:

- [Guidelines for Physicians in Interactions with Industry](#)
- [Canadian Medical Association Code of Ethics](#)

Document History

This standard replaces the *Guidelines Regarding Conflict of Interest* and was approved by the Council of the College of Physicians and Surgeons of Nova Scotia: **May 31, 2002**

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