



Professional Standards and Guidelines Regarding Advocacy and Public Communications by Physicians

Preamble

Physicians have an important role in public discourse. Physicians may leverage their professional credibility to publicly address important issues. The public gives significant weight to the opinions of physicians. Accordingly, these opinions must be offered in a responsible fashion.

The [CMA Code of Ethics and Professionalism](#) states that “physicians must provide opinions consistent with the current and widely accepted views of the profession when interpreting scientific knowledge to the public. They must clearly indicate when they present an opinion that is contrary to the accepted views of the profession.”

The [CanMEDS framework](#), developed by the Royal College of Physicians and Surgeons Canada, identifies Health Advocate and Communicator as competencies required of physicians to effectively meet the health care needs of their patient.

As a regulated health professional, however, a physician’s right to freedom of expression is not unlimited. The public communications of physicians are subject to regulatory purview.

This document defines the regulatory lens through which the advocacy and public utterances of physicians will be examined.

Professional Standards

1. When advocating or communicating publicly as a physician, physicians must:
 - a) not commit professional misconduct, which includes such conduct or acts in the practice of medicine that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional;
 - b) ensure all public communications are civil, ethical and do not reflect poorly on the medical profession;

- c) ensure all public communications are grounded in science and address matters within their scope of practice; and
 - d) not encourage or incite unlawful behaviour.
2. When publicly communicating as an individual, without identification as a physician, physicians must not commit conduct unbecoming a physician, which means conduct outside the practice of medicine that tends to bring discredit upon the medical profession.

Guiding discussion on professional misconduct vs. conduct unbecoming

Physicians must ensure their conduct does not impair their ability to function in a professional capacity or impact the medical profession negatively as a whole. There must be a sufficient relationship between physician personal conduct and the medical profession to engage the regulator's obligation to protect the public interest.

Conduct Unbecoming

[*The Medical Act*](#) defines conduct unbecoming as “conduct outside the practice of medicine that tends to bring discredit upon the medical profession.” e.g., Criminal behaviour (i.e., drinking and driving, sexual assault of persons other than patients).

The framework for analyzing off-duty conduct comes from [*Strom v Saskatchewan Registers Nurses' Association, 2020 SKCA 112*](#). It also comes from [*Fountain v British Columbia College of Teachers, 2007 BCSC 830*](#), as follows:

- a) some, but not all, off-duty conduct can give rise to discipline for professional misconduct or conduct unbecoming;
- b) in considering whether the conduct requires discipline, regulators should consider whether the conduct evidences direct impairment of a member's ability to function in a professional capacity or impairment on the profession in the wider sense, considering: The nature of the conduct, the nature of the position, if there is a pattern of conduct, if there is controversy, if the private conduct has been linked by the member to the professional status as a member.
- c) direct evidence of impairment is not always required, and can sometimes be inferred.

Professional Misconduct

Professional misconduct includes “such conduct as or acts in the practice of medicine that, having regard to all the circumstances, could reasonably be regarded as disgraceful, dishonourable, or unprofessional.”

Guiding discussion on the regulatory lens for assessing physician public utterances

To what extent did the physician make efforts to have their concerns heard or addressed within the applicable administrative structure?

- Was the physician on duty?
- Did the physician identify themselves as a physician?
- What is the connection between the physician and the object of their criticism?
- Was the speech/expression related to emotional distress or services provided to family and friends?
- To what extent is the expression/criticism truthful, fair and balanced?
- How public is the expression; what size is the audience?
- Was the expression/criticism intended to contribute to social/political discourse about an important issue or to demean and attack?
- What is the nature and scope of the damage to the medical profession and the public interest?

Regulators must properly balance the [Charter of Rights and Freedoms](#) against the regulator's statutory objectives. The College may make findings of professional misconduct and conduct unbecoming for *some* behaviour that occurs off duty depending on the context.

Relevant guidance from the CMPA

Should physicians require further guidance regarding their role in public communications it is recommended they contact the Canadian Medical Protective Association.

Physicians are referred to the following suggestions of the CMPA (July 2021):

1. Avoid impulsive, malicious verbal or written communication;
2. Think about how the recipient might feel or react to a statement that could be inflammatory;
3. Be aware of obligatory reporting responsibilities under legislation or College regulation;
4. Address any concerns, after appropriate reflection, to the next immediate level in the applicable administrative structure;
5. Be very cautious when using email or social media to communicate sensitive issues which can be distributed widely without the sender's knowledge;
6. When expressing a concern within your institution, do not share correspondence outside the applicable administrative structure.

Recommended Reading

Canadian Medical Protective Association

- [The physician voice: Tips for effective advocacy, August 2017](#)
- [Advocacy for change: An important role to undertake with care, revised November 2020](#)
- [Professionalism: Upholding the Values of the Profession, January 2021](#)
- [Participating in Health Advocacy, July 2021](#)

[CanMeds Framework Royal College of Physicians of Canada](#)

[CMA Code of Ethics and Professionalism 2018](#)

College of Physicians and Surgeons of Nova Scotia

- [Professional Standards and Guidelines Regarding Physicians Use of Social Media](#)

[Strom v Saskatchewan Registered Nurses' Association, 2020 SKCA 112](#)

[Fountain v British Columbia College of Teachers, 2007 BCSC 830](#)

Document History

First approved by the Council of the College of Physicians and Surgeons of Nova Scotia: **December 10, 2021**

Approximate date of next review: **2024**

Unless otherwise noted, this material is © College of Physicians and Surgeons of Nova Scotia. This material may be reproduced for non-commercial purposes, in whole or in part, provided that credit is given to the College of Physicians and Surgeons of Nova Scotia or other original source identified in this document. Any other use requires permission from the College of Physicians and Surgeons of Nova Scotia.