

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to the Chair of the Office des professions du Québec, Jean Paul Dutrisac, 800, place D'Youville, 10^e étage, Québec (Québec) G1R 5Z3. The comments will be forwarded by the Office to the Minister of Justice and may also be sent to the Order and to interested persons, departments and bodies.

BERTRAND ST-ARNAUD,
Minister of Justice

Regulation to amend the Regulation respecting the diplomas issued by designated educational institutions which give access to permits or specialist's certificates of professional orders

Professional Code
(chapter C-26, s. 184)

1. The Regulation respecting the diplomas issued by designated educational institutions which give access to permits or specialist's certificates of professional orders (chapter C-26, r. 2) is amended in section 1.27

(1) by inserting “, Master in Management (M.M.)” after “Master of Business Administration (M.B.A.)” in paragraph *i*;

(2) by inserting “, Maîtrise en management (M.M.)” after “Maîtrise en administration des affaires (M.B.A.)” in paragraph *k*;

(3) by adding the following at the end:

“(o) Baccalauréat en administration des affaires (B.A.A.) from Télé-université.».

2. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

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Draft regulation

Professional Code
(chapter C-26)

Physicians
— **Code of ethics**
— **Amendment**

Notice is hereby given in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1) that the “Regulation amending the Code of ethics of physicians”, made by the board of directors of the Collège des médecins du Québec, appearing below, may be submitted to the Government for approval with or without amendment on the expiry of 45 days following this publication.

According to the Collège des médecins du Québec, this draft regulation is an update of the Code of ethics of physicians (chapter M-9, r. 17). The main modifications brought by this update are the following:

— Modification concerning the social accountability of the physician with respect to the offer of services required by the population;

— Additions concerning the protection of professional secrecy:

– when the physician is using social media or other information technologies;

– when the physician is practicing the profession with a couple or a family;

– when the physician is communicating an assessment report;

— Precision concerning the obligation of medical management:

– when a patient is transferred to another physician;

– when a physician is signing a collective prescription or a prescription intended to adjust a medication;

— Addition to reinforce the physician's independence:

– by specifying that a physician must ensure that priority of access to medical care is given to a patient strictly according to criteria of medical necessity;

– by prohibiting physicians from obtaining a financial benefit from the prescription of apparatus, medications or other products, except for his fees;

— Addition with regard to access and communication of the patient’s record, to harmonize the provisions of the Code of ethics with the provisions of An Act respecting health services and social services;

— Addition prohibiting the holding back of documents when a patient hasn’t paid the reproduction fees for copies of records;

— Addition forcing a physician claiming fees to a patient to separately identify the cost of his fees, the price of medical supplies and the price of other services;

— Modifications concerning the collaboration between physicians and between physicians and other health professionals.

The draft Regulation has no impact on enterprises, including small and medium-sized businesses, except with respect to the offer of care services by physicians, which will have to be done in accordance with the new obligations set out in the Code of ethics.

Further information may be obtained by contacting, M^e Linda Bélanger, assistant director in the Legal Services Division, Collège des médecins du Québec, 2170, boulevard René-Lévesque Ouest, Montréal (Québec) H3H 2T8; telephone: 1 888 633-3246 or 514 933-4441, extension 5362, fax: 514 933-3276, e-mail: lbelanger@cmq.org

Any person wishing to comment on the draft Regulation is requested to submit written comments before the expiry of the 45-day period, to the Chair of the Office des professions du Québec, 800, Place D’Youville, 10^e étage, Québec (Québec) G1R 5Z3. The comments will be forwarded by the Office to the Minister of Justice and may also be sent to the professional order that made the Regulation and to interested persons, departments and bodies.

JEAN PAUL DUTRISAC,
Chair of the Office des professions du Québec

Regulation amending the Code of ethics of physicians

Professional Code
(chapter C-26, s. 87)

1. The Code of ethics of physicians (chapter M-9, r. 17) is amended by the insertion, after section 3, of the following:

“**3.1** A physician must collaborate with his colleagues in maintaining and improving the availability and quality of the medical services to which a clientele or population must have access.”

2. Section 20 of this code is amended:

(1) by the insertion, in subsection (2) and after “participating”, of “, including in social media,”;

(2) by the replacement, in subsection (5), of “or the law authorizes him to do so” with “authorizes him or the law authorizes or orders him to do so”;

(3) by the addition, at the end, of the following subsections:

“(7) must, when practicing the profession with a couple or a family, maintain the right to professional secrecy for each member of the couple or the family;

(8) must take reasonable measures to maintain professional secrecy when he or the people who collaborate with him use information technologies;

(9) must document in the patient’s record any communication made to a third party, with or without the consent of the patient, of information protected by professional secrecy.”

3. Section 21 of this code is amended by the insertion, in the first paragraph and after “protected by professional secrecy”, of “in order to prevent an act of violence including a suicide”.

4. Section 22 of this code is amended by the addition, at the end, of the following paragraph:

“The duration of the professional relationship is determined taking account of the nature of the problem and the duration of the professional services rendered, the vulnerability of the person and the probability of having to again provide professional services to that person.”

5. Section 23 of this code is amended:

(1) by the replacement of “the patient’s deficiency or illness” with “a deficiency or illness or the context in which this deficiency or illness presented by this patient has appeared”;

(2) by the deletion of “he may, however, refer the patient to another physician if he considers it to be in the patient’s medical interest”.

6. Section 32 of this code is amended:

(1) by the replacement of “a colleague or other competent professional” with “another physician, another professional or another qualified person”;

(2) by the addition, at the end, of the following paragraph:

“A physician who signs a collective prescription or one intended to adjust a medication or medication therapy must ensure that the prescription contains medical management or medical follow-up measures, when required.”

7. Section 33 of this code is amended by the replacement of “wishes to refer” and “the new” with, respectively, “refers” and “that other”.

8. Section 34 of this code is deleted.

9. Section 41 of this code is deleted.

10. Section 56 of this code is amended by the replacement of “any incident, accident or” with “an accident or of a”.

11. This code is amended by the insertion, after section 63, of the following:

63.1 A physician must ensure that priority of access to medical care is given to a patient strictly according to criteria of medical necessity.

63.2 A physician must not sign any agreement or accept any benefit that might influence his professional practice with respect to the quality or availability of care or of the freedom of choice of the patient.”

12. Section 67 of this code is amended:

(1) by the insertion, in subsection (1) of the French version and after “soumise à l’évaluation”, of “ou à l’expertise”;

(2) by the insertion, in subsection (1) of the French version and after “objets de l’évaluation”, of “ou de l’expertise”;

(3) by the insertion, in subsection (1) of the French version and after “rapport”, of “d’évaluation ou”;

(4) by the insertion, in subsection (2) of the French version and after “objet de l’évaluation”, of “ou de l’expertise”;

(5) by the replacement of subsection (3) with the following:

“(3) communicate to the third party only the information, interpretations or comments necessary to answer the questions raised by the requested assessment;”;

(6) by the insertion, in subsection (5) of the French version and after “demandé l’évaluation”, of “ou l’expertise”.

13. Section 73 of this code is amended:

(1) by the replacement of subsection (1) with the following:

“(1) from seeking or obtaining a financial benefit from the prescription of apparatus, examinations, medications or treatments, except for his fees, directly, indirectly or by way of an enterprise that he controls or in which he participates;”

(2) by the addition, at the end, of the following paragraph:

“Subsection (1) of the first paragraph notwithstanding, a physician may obtain a profit from the sale or marketing of an apparatus, an examination or a treatment that he prescribes and that he has developed or in whose development he has participated directly, indirectly or by way of an enterprise he controls or in which he participates.”

14. Section 76 of this code is amended:

(1) by the insertion, after “refrain from”, of “, directly or indirectly, leasing or selling any apparatus or”;

(2) by the replacement of “those” with “any apparatus he installs or any drug and product”;

(3) by the addition, at the end, of the following paragraph:

“He may not, in addition, claim disproportionate amounts in payment for medical supplies necessary for the treatments he administers.”

15. Section 77 of this code is amended:

(1) by the deletion of the first paragraph;

(2) by the replacement of the second paragraph with the following:

“A physician must respect the patient’s freedom of choice by indicating to him, on request, the places where he may receive therapeutic or diagnostic services when he issues him a prescription or a referral form to that effect.”

16. Section 79 of this code is amended:

(1) by the replacement of “obtains royalties or” with “receives advantages from the enterprise offering a product having a benefit to health or therapeutic or diagnostic services in which he has interests or who”;

(2) by the insertion, after “having a benefit to health”, of “, therapeutic or diagnostic services”;

(3) by the deletion of “the persons to whom he prescribes them and”.

17. Section 92 of this code is replaced with the following:

“**92.** A physician must, in all advertising or other items of identification used to offer his professional services, clearly indicate his name and a specialist title corresponding to one of the specialties defined in the Regulation respecting medical specialties (chapter M-9, r. 26.1). He may also mention the professional services he offers.”.

18. Section 94 of this code is amended:

(1) by the insertion, after “made by his patient”, of “14 years of age or over”;

(2) by the addition, at the end, of the following paragraphs:

“However, a physician may refuse access temporarily if it is his opinion that communication of the record or of a portion of it would likely cause serious prejudice to the health of the patient. In this case, the physician determines when the record or the portion to which access has been refused may be communicated to the patient and so informs the patient.

“The physician must obtain the consent of a minor 14 years of age or over before communicating health information related to care to which he may consent on his own to his parent or tutor.”.

19. This code is amended by the insertion, after section 94, of the following:

“**94.1** A physician may not communicate information concerning a patient or contained in his record that was provided by a third party or which concerns a third party and the information of its existence or the communication would allow identifying the third party and this disclosure would be likely to cause serious harm to that third party unless that third party consents to its communication or it is an emergency that endangers the life, health or safety of the person concerned.

The first paragraph does not apply when the information was provided by a health or social services professional or by an employee of a health institution in the exercise of their duties. For the purposes of this paragraph, a trainee, including a medical resident, is considered a health or social services professional.”.

20. Section 95 of this code is amended by adding the following paragraph at the end:

“He may not however hold back the documents until the patient has paid such fees.”.

21. Section 100 of this code is amended by deletion of “, at the patient’s written request, “.

22. Section 104 of this code is amended by the addition, at the end, of the following paragraph:

“A physician who claims fees must provide his patient with a detailed invoice of his services, of medical supplies and of apparatus, drugs and products presented as having a benefit to health whose cost he is claiming.”.

23. Section 105 of this code is amended by the addition, at the end of the first paragraph, of the following sentence: “He must in particular separately identify the cost of his fees and the price of the medical supplies, apparatus, drugs and products presented as having a benefit to health.”.

24. This code is amended by the insertion, after section 112, of the following:

“**112.1** A physician must collaborate with other health professionals and other qualified persons in providing health care to a patient.”.

25. Section 113 of this code is amended:

(1) by the replacement of “who accepts” with “must accept”;

(2) by the insertion, after “from a physician”, of “and”;

(3) by the insertion after “health professional” of “or another qualified person”.

26. This regulation comes into force on the fifteenth day following the date of its publication in the Gazette officielle du Québec, except for sections 13 and 15, which come into force on (indicate the date that is six months after the date of coming into force of this regulation).

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