The *CMA Code of Ethics and Professionalism* articulates the ethical and professional commitments and responsibilities of the medical profession. The Code guides high standards of practice in the interests of patients and the public to foster patient and public trust in physicians and the profession. The Code is founded on and affirms the core commitments to which the profession aspires and reflects the contemporaneous and changing landscape of medical practice.

In this Code, ethical practice is understood as a process of active and reflective inquiry and decisionmaking concerning what a physician's and the profession's practice is and ought to be. Ethical practice involves reflection on the reasons for a physician's actions, what a physician's actions ought to be, situations where existing rules, norms or guidelines are insufficient or are in tension, and a consideration of multiple perspectives in decision-making. The Code is not intended to provide specific guidance; it is a vehicle to guide ethical decision-making and ethical practice.

In this Code, medical ethics concerns the virtues, values and principles that ought to guide the medical profession, while professionalism is the embodiment or enactment of responsibilities arising from those norms through behaviours, standards and competencies.

Each physician has a continuing responsibility to merit the privilege of professional-led regulation and support its institutions through enacting the commitments and responsibilities outlined in the Code. The Code provides a platform for a shared purpose and identity, by articulating a common understanding of what it means to be a medical professional and the profession's shared goals.

Physicians should be aware of legal and regulatory requirements that govern medical practice in their jurisdiction.

A. VIRTUES EXEMPLIFIED BY THE MEDICAL PROFESSION

Trust is the cornerstone of the patient–physician relationship and of medical professionalism and is central to providing the highest standard of care. By exemplifying the following, interconnected virtues in practice, physicians strive to enhance the trustworthiness of the profession:

COMPASSION. A compassionate physician recognizes suffering, understands and feels something of the unique circumstances of the patient, and is motivated to act, and does act, to alleviate suffering.

HONESTY. An honest physician is straightforward and forthright, respects the truth and does their best to find out the truth, to preserve it, and to communicate it sensitively.

HUMILITY. A physician who acts with humility understands the limits of their own knowledge and skills and is careful not to overstep them by recognizing the experiential knowledge of patients and communities and the limits of scientific knowledge, and seeks the skills, experience, and wisdom of colleagues when necessary.

INTEGRITY. A physician who acts with integrity demonstrates consistency of intentions and actions, and acts in a truthful manner, in accordance with professional expectations.

MORAL COURAGE. A physician who acts with moral courage communicates and does what they believe to be right and true even in the face of adverse consequences.

B. FUNDAMENTAL COMMITMENTS OF THE MEDICAL PROFESSION

1. Commitment to beneficence

Promote the well-being of, and take steps to prevent harm to, patients; *take actions* that serve the best interests of patients and communities through the provision of appropriate care and treatment across the care continuum — from prevention to palliation.

2. Commitment to patient dignity and autonomy

*Tr*eat all patients with dignity and as persons worthy of respect. *Practise* medicine in a manner that recognizes patients as autonomous, self-determining persons capable of choice and that preserves the dignity and autonomy of those who cannot choose for themselves.

Respect and promote the inherent dignity and equal worth of all persons and refuse to participate in or support practices that violate basic human rights; never participate in or facilitate torture.

3. Commitment to justice

Promote the well-being of communities, populations, and society by: ensuring the fair and equitable distribution of resources, improving access to care, reducing health disparities and inequities; and through resource stewardship, social accountability, health care advocacy and leadership in system change.

4. Commitment to professional integrity and professional competence

Practise the art and science of medicine competently, safely and with integrity. *Engage* in lifelong learning to maintain and advance your professional knowledge and skills, know when to apply new knowledge and recognize that acting beyond one's expertise can have harmful consequences.

Provide high-quality patient care and have a view to continuous quality improvement at the practice and system levels.

5. Commitment to professional excellence

Contribute to the development of the medical profession through clinical practice, research, teaching, mentorship, leadership, administration or advocacy on behalf of the profession or the public.

Cultivate strong connections and relationships between, and meaningful interactions with, colleagues, including physicians in all specialties and other health professionals.

6. Commitment to self-care and support for colleagues

Maintain personal health and well-being, including exhibiting self-awareness and managing personal influences as well as professional demands for a sustainable practice throughout the career life cycle.

Value and *promote* a professional culture that recognizes, supports and responds effectively to colleagues in need, including cultivating training and practice environments where physicians are empowered and encouraged to seek help and are supported in their maintenance of physical, mental and social well-being.

7. Commitment to inquiry and reflection

Value and enable active and reflective inquiry, and collective reflection and self-reflection, to further medical science and facilitate ethical decision-making.

Foster curiosity and exploration to further your professional development and insight and be open to new knowledge, technologies, ways of practising, and learning from others.

C. PROFESSIONAL RESPONSIBILITIES

PHYSICIANS AND PATIENTS

Patient-physician relationship

The patient-physician relationship is at the heart of the practice of medicine. It is characterized by reciprocal trust, need and understanding, and centres on a process of deliberation that recognizes that the physician and patient are each moral agents. Physicians and their patients build relationships of trust that enable open and honest dialogue and foster the patient's willingness to share deeply personal information, often in conditions of vulnerability.

Physicians owe a duty of loyalty to the patient by protecting and furthering the interests of the patient using the physician's expertise, knowledge and appropriate clinical judgement.

In the context of the patient-physician relationship:

- 1. Accept the patient without discrimination (such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation or socioeconomic status).
- 2. Act according to your conscience, and respect differences of conscience among your colleagues; always respond to a patient's medical request regardless of your moral commitments.
- 3. Inform the patient when your deeply held values may influence the recommendation, provision or practice of any medical procedure or intervention that the patient needs or requests, but never abandon the patient. The duty of non-abandonment requires providing the patient with complete information on all clinical options available and, when necessary, a formal referral or a direct transfer of care. It also includes the transfer of the patient's records when requested by the patient.
- 4. Communicate accurately and honestly with the patient in a way that can be understood and applied.
- 5. Recognize that inappropriate use or overuse of treatments or resources can lead to ineffective, and at times harmful, patient care.
- 6. Provide whatever appropriate assistance you can to any person with an emergency need for medical care.
- 7. When involved in research, obtain the informed consent of the research participant, and advise prospective participants that they have the right to decline participation or withdraw from the study at any time, without impacting their ongoing care.

Decision-making

Medical decision-making is ideally a deliberative process that engages the patient in shared decisionmaking informed by the patient's experience and values and the physician's clinical judgment. This deliberation involves discussion with the patient and, with consent, the patient's family members and significant others, and other health care professionals and experts involved in the patient's care. The physician provides appropriate medical information and helps the patient navigate available therapeutic options to determine the best course of action for the patient.

In the process of shared decision-making:

- 8. Practise shared decision-making and empower patients to gain the knowledge and understanding necessary to improve their health and make informed choices, including by having a full discussion of the relevant harms and benefits.
- 9. Respect the values and decisions of a competent patient to accept or reject any medical care or treatment recommended.
- 10. Recognize the need to balance the developing competency of minors and the role of families or caregivers in medical decision-making.
- 11. Respect the values and intentions of a decisionally incompetent patient as expressed through advance care planning discussions or via a substitute decision-maker.
- 12. Respect the patient's reasonable request for a second opinion.

PHYSICIANS AND THE PRACTICE OF MEDICINE

Patient privacy and the duty of confidentiality

- 13. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential, collecting health information only to benefit the patient and sharing information only for that purpose and within the patient's circle of care, unless the informed consent of the patient has been obtained to do otherwise.
- 14. Consider both your duty to care and duty not to harm the patient when considering privacy requirements.
- 15. Recognize and manage privacy requirements within clinical training environments, quality improvement initiatives and secondary uses of data for health system management.
- 16. Appropriately manage privacy considerations that can arise from the use of new and emerging technologies in clinical contexts.
- 17. Act as a data steward, controlling the extent to which information about the patient is protected, used or disclosed. As a data steward, you should use or disclose only the minimum amount of information necessary to fulfill the intended purpose.
- 18. Avoid public discussions, including in public spaces or on social media, about patients that could reasonably be seen as revealing confidential or identifying information, or as being disrespectful to patients, their families or caregivers.

Managing and minimizing conflicts of interest

- 19. Recognize and disclose conflicts of interest that arise, or are perceived to arise, in the course of your professional duties and activities, and resolve them in the best interests of patients. Never exploit patients for personal advantage.
- 20. Be transparent about relationships and transactions that may give rise to a conflict of interest, including in practice, education and research.
- 21. Enter into associations, contracts and agreements only if you can maintain your professional integrity and safeguard the best interests of the patient and communities.
- 22. Avoid using your role as a physician to promote services or products to patients for commercial gain.

- 23. Ensure that any research in which you participate is evaluated both scientifically and ethically and is approved by a research ethics board that adheres to current standards of practice. Inform potential research participants about anything that may give rise to a conflict of interest, such as the source of funding and the nature of your participation including any compensation.
- 24. Recognize the potential for conflicts of interest between your role as a clinician and your organizational, administrative or leadership roles.

PHYSICIANS AND SOCIETY

- 25. Recognize that community, society and the environment are important factors that influence the health of the patient.
- 26. Support the responsibility of the profession in matters relating to public and population health, health education, environmental protection, legislation affecting the health or well-being of the community and the need for testimony at judicial proceedings.
- 27. Promote shared stewardship of system resources and recognize the responsibility of the profession to promote equitable access to health care resources.
- 28. Contribute to and collaborate with others in leading system change to improve health care delivery and address systemic health issues that impact public and population health.
- 29. Recognize that medical tourism raises complex systemic and resource issues.
- 30. Recognize that new and emerging technologies are changing the nature and role of medical practice and the social role of physicians.
- 31. Provide opinions consistent with the accepted views of the profession when interpreting scientific knowledge to the public; indicate when presenting an opinion that is contrary to the accepted views of the profession.
- 32. Contribute to developing a more cohesive and integrated health system through inter-professional collaboration.
- 33. Recognize the importance of reconciliation between the medical profession and Aboriginal communities by working towards reconciling relationships and establishing and maintaining respectful and healthy relationships.

PHYSICIANS AND COLLEAGUES

- 34. Treat your colleagues, including physicians and medical learners, other health professionals, the health care team and staff, with dignity and as persons worthy of respect.
- 35. Cultivate respectful, open and transparent dialogue and relationships. Engage in respectful communications in all mediums.
- 36. Take responsibility for promoting civility and confronting incivility within and beyond the profession. Assume responsibility for your personal actions and behaviours that may contribute to negative workplace and training culture.
- 37. Promote patient-, family- and caregiver-centred, team-based, collaborative models of care across and within specialties, and with other health professionals. Support multidisciplinary teams and practices to bolster collaboration, and a shared accountability for patient care.
- 38. Value the exchange of knowledge and experience and be willing to teach and learn from medical and other colleagues.
- 39. Promote and enable formal and informal mentorship and leadership opportunities across all levels of training, practice and health system delivery.

40. Know and follow relevant reporting requirements and expectations placed on you by regulatory authorities.

PHYSICIANS AND SELF

- 41. Seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect your health and your services to patients, society or the profession.
- 42. Be aware of what health and wellness services and other resources are available to you and colleagues in need.
- 43. Cultivate an environment of physical and psychological safety, conducive to challenging the status quo, as well as encouraging help-seeking behaviours.
- 44. Advocate for cultural and systemic change to remove individual- and system-level barriers to health and wellness.
- 45. Take steps to maximize meaningful co-existence of professional and personal life, recognizing that prioritizing opportunities for adequate rest, exercise, healthy eating and leisure will support professional and personal life.
- 46. Actively model healthy behaviours.