



College of Physicians and Surgeons of British Columbia

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The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to communications@cpsbc.ca.



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Registrar's message: assessment and management by telemedicine—crucial skills during the COVID-19 crisis



During this crisis, physicians have been called on to maintain their practice by operationalizing physical distancing through the use of telephone and video calls and seeing only a small minority of patients in-person. Uptake has been strong, and many physicians are now spending much of their clinic day communicating with patients remotely. Although usual care has been modified in many ways, the College reminds physicians that the use of technology does not alter the ethical, professional and legal requirements regarding appropriate medical care. In other words, medicine is medicine; the task of a physician does not vary by interface.

Physicians must continue to gather the information required to adequately address a patient's presenting problem. For chronic stable conditions, medications may be renewed, and in-person reviews postponed. If a patient calls about a chronic or mild symptom, in most cases, it does not require definitive management. Triage and postponing will be a major part of patient care at this time.

Family physicians must avoid making specialist referrals via telemedicine without first fully assessing patients themselves. Most patients referred to specialists, such as gastroenterologists, cardiologists, and gynecologists, will require an in-person assessment before referral. The [Telemedicine](#) practice standard and [Referral-Consultation Process](#) professional guideline have been revised to clarify that patients who are referred to specialists via telemedicine must be adequately investigated and treated before the referral is sent.

Acute presentations require triage and clinical judgement. What can wait, must wait, but physicians must take care to ensure that patients know what to do if their condition does not improve. At present, that cannot be direction to simply go to a walk-in clinic or hospital.

The management of acute respiratory symptoms is clinic and community-specific and requires a particularly thoughtful approach. Direct contact between such patients and others must be minimized. Testing for COVID-19 is being selectively applied at present as both testing capacity and the personal protective equipment (PPE) required for patient assessment are limited. A minority of clinics and private practices are equipped and able to provide in-person patient assessments. In a growing number of communities, designated assessment sites have been created, where patients are referred after being triaged remotely by primary care providers.

The role of physicians managing patients remotely is one of triage and, where indicated, ongoing virtual reassessment and support. Physicians must make arrangements in advance if patients are directed to attend walk-in clinics, community clinics, assessment centres or emergency departments for higher levels of care.

Telemedicine assessments for acute respiratory illness must include two determinations:

1. Whether care in hospital is required—essentially, whether the patient is decompensating. The threshold for referring for an in-person assessment may be higher than in usual circumstances, where those services have capacity and disease transmission is not an issue. Registrants must carefully consider the degree of respiratory impairment. Given that there is no specific treatment for COVID-19, a patient with a well-compensated viral syndrome should be advised to isolate in their home and treat their symptoms. The condition of some patients may deteriorate subsequently. Registrants must provide advice about calling back for further assessment and may need to take that initiative themselves. The task is similar to serial assessments of a patient in the emergency department and requires vigilance. Patients and families may be referred to the BC Ministry of Health's [COVID-19 Symptom Self-Assessment Tool](#) to reinforce the advice of their physician.
2. Whether the patient is a candidate for testing for COVID19. Criteria for testing are posted on the BC Centre for Disease Control's website [here](#).

Resources for assessment of patients considered to be at risk of respiratory failure or candidates for outpatient testing vary by community. Registrants must familiarize themselves with local protocols. In many communities the local Division of Family Practice will have that information. Families of patients considered to be critically ill must be directed to call 911 without delay. Patients suitable for outpatient assessment must be put in touch with the appropriate clinic by telephone and directed not to present in person without an appointment.

Heidi M. Oetter, MD
Registrar and CEO

Comments on this or any other article published in the College Connector can be submitted to the communications and public affairs department at communications@cpsbc.ca.

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MAiD practice standard temporarily amended

Practice Standard

In response to COVID-19, registrants who work in the community have been asked to provide care by way of telephone or video technology, when appropriate, so that services involving direct physical contact with patients are reduced to a minimum. To help remove unintended barriers and mitigate the risk of spreading COVID-19 to vulnerable populations, several temporary changes have been made to the [Medical Assistance in Dying](#) practice standard. Amendments to the standard are outlined below.

Practice standard amendments

Effectively immediately and for the duration of the COVID-19 public health emergency in British Columbia:

- The limit allowing only one practitioner to conduct a telemedicine assessment is temporarily rescinded. Both practitioners can conduct the assessment by telemedicine. Telemedicine assessments must meet the requirements set out in federal legislation as well as the standards and expectations that apply to in-person assessments.
- The requirement for a regulated health professional to act as a witness is temporarily rescinded. No witness is required for a telemedicine assessment if they are not reasonably available.
- The requirement of a physician not to delegate or assign the return of MAiD substances is temporarily rescinded. When there is no other reasonable option, the physician may ask another physician, nurse practitioner, licensed practical nurse, registered nurse, registered psychiatric nurse, or pharmacist to return the substances to the pharmacy. The physician must document the name of the person assigned to return the substances in the patient record.

Questions about the temporary amendments to the [Medical Assistance in Dying](#) practice standard can be directed to the College at communications@cpsbc.ca.

Changes to medication coverage

As of March 20, 2020, medications dispensed for MAiD will be adjudicated in PharmaNet under Plan Z. This is not a temporary change due to COVID-19 but is expected to be in place indefinitely.

Questions regarding medication coverage can be directed to Health Insurance BC at 1-866-905-4912 extension 1.

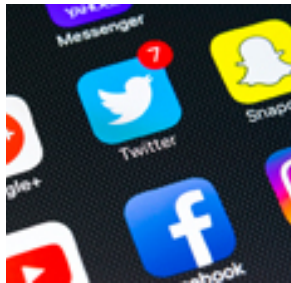
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Physicians must not disclose information about COVID-19 patients—even if anonymized



During this unprecedented situation, we are all anxious to hear the latest news about COVID-19, especially about the number of cases and the extraordinary steps we are all being asked to take to prevent further spread.

The College has been working closely with Dr. Bonnie Henry and her office to ensure timely messages are delivered to physicians. As the provincial health officer, Dr. Henry is in constant touch with her national counterparts, the Ministry of Health and the health authorities, and is therefore the most qualified spokesperson to provide British Columbians with factual and timely updates about COVID-19. During her updates, Dr. Henry is taking great care to ensure the privacy of individuals who are affected, which of course is of utmost importance.

The College has recently learned of instances where information has been posted on social media or provided to the press about individual patient cases and test results, including the identification of certain smaller communities. This is not acceptable. Physicians must not disclose information about individual patients in any setting, including stories shared directly with other people, even if patient identities are not revealed. The risk of a privacy breach is too great. In the event of a complaint from an affected patient, a breach of this nature may be considered unprofessional conduct.

Please follow the guidance of the provincial health officer and refrain from adding to the confusion and anxiety by posting alarming messages or storytelling.

Patients should be obtaining the latest and most up-to-date information from Dr. Henry's daily news conferences and the [BC Centre for Disease Control website](#).

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Guidance for certifying COVID-19 deaths



The following information was submitted by the BC Vital Statistics Agency and Statistics Canada to ensure deaths due to COVID-19 are properly certified for data accuracy.

With the World Health Organization declaring COVID-19 a pandemic and subsequent increasing mortality from the virus worldwide, there is increased importance on certifying these deaths correctly.

1. Recording COVID-19 on the medical certificate of cause of death

- COVID-19 should be recorded on the medical certificate of cause of death for all decedents where the disease caused, or is assumed to have caused, or contributed to death.

2. Terminology

- The use of official terminology, as recommended by the World Health Organization (i.e. COVID-19) should be used for all certification of this cause of death.
- As there are many types of coronaviruses it is recommended not to use “coronavirus” in place of COVID-19. This will help to reduce uncertainty for coding and monitoring these deaths which may lead to underreporting.

3. Chain of events

- Due to the public health importance of COVID-19, when it is thought to have caused or contributed to death it should be recorded in Part I of the medical certificate of cause of death.
- Specification of the causal sequence leading to death in Part I of the certificate is also important. For example, in cases when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and respiratory distress should be included along with COVID-19 in Part I. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc.
- **Example:**
Immediate cause: Acute respiratory distress syndrome
Conditions leading to the cause: Pneumonia, COVID-19

4. Co-morbidities

- There is increasing evidence that people with existing chronic conditions or compromised immune systems due to disability are at greater risk of death due to COVID-19. Chronic conditions may be non-communicable diseases such as coronary artery disease, COPD, and diabetes or disabilities. If the decedent had existing chronic conditions, such as those listed above, these should be listed in Part II of the medical certificate of cause of death.

- **Example:**
Other significant conditions contributing to death but not related to the disease or conditions causing it:
 - A. Coronary artery disease
 - B. Type 2 diabetes
 - C. COPD

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Difficulty viewing emails from the College



The College has been made aware of an issue preventing some registrants using Shaw and Telus email domains from viewing the content of emails from the College.

This is an unusual situation and a solution is being actively investigated. In the meantime, registrants who experience this issue are encouraged to try viewing the email using a different browser and/or a different computer or electronic device (i.e. phone or tablet). If this does not resolve the issue, registrants should [log in](#) to the College website and update their profile using

a different email address.

If emails are still not visible using the new email address contact the College at communications@cpsbc.ca.

Registrants can also keep up-to-date on announcements from the College related to COVID-19 published on the [website](#).

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Finding the best available evidence on COVID-19

College LIBRARY

One of the major sources of stress for health-care providers during a crisis is maintaining currency with new, critical medical information. The following are a few suggestions for registrants to find the best evidence available on questions related to COVID-19:

1. Contact the [College library](#) by email at medlib@cpsbc.ca. While library staff are working from home, the library is fully operational and staff can search the literature for best evidence on clinical or administrative questions. Articles from almost any journal can be located and emailed as a PDF (or mailed, etc.) Librarians have researched COVID-19-related queries such as prevention of physician stress, efficacy and reuse of personal protection equipment, management of co-morbidities in patients with COVID-19, and ethical allocation of limited ICU resources. To support registrants during the COVID-19 pandemic, librarians can be reached on-call by email or [web form](#) on weekends for urgent pandemic-related questions. All urgent patient care questions are given priority during normal workdays.
2. Utilize the College library's electronic resources available 24/7 where there are thousands of [electronic books and journals](#), high-quality [point-of-care and drug tools](#) (such as BMJ Best Practice, RxTx, and DynaMed), and [medical apps and podcasts](#).
3. Search the literature using credible databases such as PubMed and Ovid Medline. Consider combining a search string from below that captures the "COVID-19" concept with other concepts relevant to your clinical concern. Please note that these have not been rigorously tested for sensitivity or specificity.
 - PubMed:
"coronavirus infections"[MeSH] OR "Coronavirus"[Mesh] OR "COVID-19"[Supplementary Concept] OR "severe acute respiratory syndrome coronavirus 2"[Supplementary Concept] OR "2019 ncov"[All Fields] OR "2019nCoV"[All Fields] OR "COVID-19"[All Fields] OR "sars cov 2"[All Fields] OR "corona virus"[all] OR coronavir*[All Fields] OR nCov[all] OR SARS-COV2[all]
 - Ovid Medline:
exp coronavirus infections/ or exp Coronavirinae/ or (2019 ncov or 2019nCoV or COVID-19 or sars cov 2 or corona virus or coronavir* or nCov or SARS-COV2).af.

For more suggestions on finding literature on COVID-19, see the [Part II for Researchers](#) section of: [Coronavirus Disease 2019 \(COVID-19\)—For Beginners to Experts](#). Giustini, D. UBC Wiki. University of British Columbia, 2020.

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CPD events postponed



All College-sponsored continuing professional development events are postponed until further notice.

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Regulatory actions

- [Herar, Daljit Singh – February 7, 2020](#)

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