

CODE OF ETHICS OF PHYSICIANS

Medical Act

(R.S.Q., c. M-9, s. 3)

Professional Code

(R.S.Q., c. C-26, s. 87)

CHAPTER I

GENERAL PROVISIONS

1. This Code determines, pursuant to section 87 of the Professional Code (R.S.Q., c. C-26), the duties and obligations to be discharged by every member of the Collège des médecins du Québec.

O.C. 1213-2002, s. 1.

CHAPTER II

GENERAL OBLIGATIONS OF THE PHYSICIAN

2. A physician may not exempt himself, even indirectly, from a duty or obligation contained in this Code.

O.C. 1213-2002, s. 2.

3. A physician's paramount duty is to protect and promote the health and well-being of the persons he attends to, both individually and collectively.

O.C. 1213-2002, s. 3.

3.1. A physician must collaborate with other physicians in maintaining and improving the availability and quality of the medical services to which a clientele or population must have access.

O.C. 1113-2014, s. 1.

4. A physician must practise his profession in a manner which respects the life, dignity and liberty of the individual.

O.C. 1213-2002, s. 4.

5. A physician must discharge his professional obligations with competence, integrity and loyalty.

O.C. 1213-2002, s. 5.

6. A physician must practise his profession in accordance with scientific principles.

O.C. 1213-2002, s. 6.

7. A physician must disregard any interference which does not respect his professional independence.

O.C. 1213-2002, s. 7.

8. A physician's duties and obligations under the Medical Act (R.S.Q., c. M-9), the Professional Code (R.S.Q., c. C-26) and their regulations are in no way changed or reduced by the fact that he practises the profession within a partnership or joint-stock company.

A physician must ensure that the persons he employs or with whom he is associated in the practice of his profession comply with this Act, this Code and those regulations.

O.C. 1213-2002, s. 8; O.C. 39-2008, s. 1.

9. A physician must not allow other persons to perform, in his name, acts which, if performed by himself, would place him in contravention of this Code, the Medical Act (R.S.Q., c. M-9), the Professional Code (R.S.Q., c. C-26) and the regulations ensuing therefrom.

O.C. 1213-2002, s. 9.

10. A physician, in the practice of his profession, must not consult a charlatan, nor collaborate in any way whatsoever with him.

O.C. 1213-2002, s. 10.

11. A physician must, in the practice of his profession, assume full civil liability at all times. He may not elude or attempt to elude liability, nor request that a patient or person renounce any recourse taken in a case of professional negligence on his part.

O.C. 1213-2002, s. 11.

12. A physician must be judicious in his use of the resources dedicated to health care.

O.C. 1213-2002, s. 12.

13. A physician must refrain from taking part in a concerted action of a nature that would endanger the health or safety of a clientele or population.

O.C. 1213-2002, s. 13.

14. A physician must promote measures of education and information in the field in which he practises.

O.C. 1213-2002, s. 14.

15. A physician must, as far as he is able, contribute to the development of the profession by sharing his knowledge and experience, notably with his colleagues, with residents and medical students, and by his participation in activities, courses, and periods of continuing training and evaluation.

O.C. 1213-2002, s. 15.

16. A physician must refrain from the immoderate use of psychotropic substances or any other substance, including alcohol, producing analogous effects.

O.C. 1213-2002, s. 16.

CHAPTER III

THE PHYSICIAN'S DUTIES AND OBLIGATIONS TOWARD THE PATIENT, THE PUBLIC AND THE PROFESSION

DIVISION I

QUALITY OF THE PROFESSIONAL RELATIONSHIP

17. A physician's physical, mental and emotional behaviour toward all persons with whom he comes into contact in the practice of his profession, particularly toward all patients, must be beyond reproach.

O.C. 1213-2002, s. 17.

18. A physician must seek to establish and maintain with his patient a relationship of mutual trust and refrain from practising his profession in an impersonal manner.

O.C. 1213-2002, s. 18.

19. A physician may put an end to a therapeutic relationship when there is reasonable and just cause to do so, particularly when the normal conditions required to establish and maintain mutual trust are absent, or if such trust no longer exists.

Inducement on the part of the patient to perform illegal, unjust or fraudulent acts constitutes a reasonable and just cause.

O.C. 1213-2002, s. 19.

20. A physician, in order to maintain professional secrecy,

- (1) must keep confidential the information obtained in the practice of his profession;
- (2) must refrain from holding or participating, including on social networks, in indiscreet conversations concerning a patient or the services rendered him or from revealing that a person has called upon his services;
- (3) must take reasonable means with respect to the persons with whom he works to maintain professional secrecy;
- (4) must not use information of a confidential nature to the prejudice of a patient;
- (5) may not divulge facts or confidences which have come to his personal attention, except when the patient authorizes the physician to do so or when the law authorizes or orders the physician to do so, or when there are compelling and just grounds related to the health or safety of the patient or of others;
- (6) may not reveal a serious or fatal prognosis to a patient's family if the patient forbids him from so doing.
- (7) must, when providing professional services to a couple or a family, preserve each member's right to professional secrecy;
- (8) must take reasonable measures to preserve professional secrecy when the physician uses, or persons working with the physician use, information technologies;

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

O.C. 1213-2002, s. 20; O.C. 1113-2014, s. 2.

21. A physician who communicates information protected by professional secrecy in order to prevent an act of violence, including a suicide, must, for each communication, indicate in the patient's record the following items:

- (1) the date and time of the communication;
- (2) the identity of the person exposed to danger or of the group of persons exposed to danger;
- (3) the identity of the person to whom the communication was made, specifying, according to the case, whether it was the person or persons exposed to danger, their representative or the persons likely to come to their assistance;
- (4) the act of violence he aimed to prevent;
- (5) the danger he had identified;
- (6) the imminence of the danger he had identified;
- (7) the information communicated.

O.C. 1213-2002, s. 21; O.C. 1113-2014, s. 3.

22. A physician must refrain from taking advantage of the professional relationship established with the person to whom he is providing services.

More specifically, the physician must, for the duration of the professional relationship established with the person to whom he is providing services, refrain from having sexual relations with that person or making improper gestures or remarks of a sexual nature.

The duration of the professional relationship is established by taking into account, in particular, the nature of the pathology, the nature of the professional services rendered and their duration, the vulnerability of the person and the likelihood of having to provide professional services to that person again.

O.C. 1213-2002, s. 22; O.C. 1113-2014, s. 4.

23. A physician may not refuse to examine or treat a patient solely for reasons related to the nature of a deficiency or illness, or to the context in which the patient's deficiency or illness appeared, or because of the race, colour, sex, pregnancy, civil status, age, religion, ethnic or national origin, or social condition of the patient, or for reasons of sexual orientation, morality, political convictions, or language.

O.C. 1213-2002, s. 23; O.C. 1113-2014, s. 5.

24. A physician must, where his personal convictions prevent him from prescribing or providing professional services that may be appropriate, acquaint his patient with such convictions; he must also advise him of the possible consequences of not receiving such professional services.

The physician must then offer to help the patient find another physician.

O.C. 1213-2002, s. 24.

25. A physician must not interfere in the personal affairs of his patient in matters unrelated to the field of health.

O.C. 1213-2002, s. 25.

DIVISION II
FREEDOM OF CHOICE

26. A physician must acknowledge the patient's right to consult a colleague, another professional or any other competent person. He must not, by any means, interfere with the patient's freedom of choice.

O.C. 1213-2002, s. 26.

27. A physician must, when issuing a prescription, respect the patient's right to have it filled at the place and by the person of his choice.

O.C. 1213-2002, s. 27.

DIVISION III
CONSENT

28. A physician must, except in an emergency, obtain free and enlightened consent from the patient or his legal representative before undertaking an examination, investigation, treatment or research.

O.C. 1213-2002, s. 28.

29. A physician must ensure that the patient or his legal representative receives explanations pertinent to his understanding of the nature, purpose and possible consequences of the examination, investigation, treatment or research which he plans to carry out. He must facilitate the patient's decision-making and respect it.

O.C. 1213-2002, s. 29.

30. A physician must, with respect to research subjects or their legal representative, ensure:

(1) that each subject is informed of the research project's objectives, its advantages, risks or disadvantages for the subject, the advantages provided by the usual care, if applicable, as well as the fact, as the case may be, that the physician will derive a material gain from enrolling or keeping the subject in the research projects;

(2) that free and enlightened written consent, which is revocable at all times, is obtained from each subject before he begins his participation in the research project or when there is any significant change in the research protocol.

O.C. 1213-2002, s. 30.

31. A physician must, before undertaking his research on humans, obtain approval of the project by a research ethics committee that respects existing standards, notably in its composition and

procedures. He must also ensure that all those collaborating with him in the research project are informed of his ethical obligations.

O.C. 1213-2002, s. 31.

DIVISION IV

MEDICAL MANAGEMENT AND FOLLOW-UP

32. A physician who has undertaken an examination, investigation or treatment of a patient must provide the medical follow-up required by the patient's condition, following his intervention, unless he has ensured that another physician, another professional or another authorized person can do so in his place.

A physician who signs a collective prescription or a prescription to adjust a medication or a medication therapy must ensure that the prescription includes measures for the medical management or follow-up, if required.

O.C. 1213-2002, s. 32; O.C. 1113-2014, s. 6.

33. A physician who refers a patient to another physician must assume responsibility for that patient until that other physician takes responsibility for the latter.

O.C. 1213-2002, s. 33; O.C. 1113-2014, s. 7.

34. *(revoked)*.

O.C. 1213-2002, s. 34; O.C. 1113-2014, s. 8.

35. A physician who can no longer provide the required medical follow-up of a patient must, before ceasing to do so, ensure that the patient can continue to receive the required care and contribute thereto to the extent necessary.

O.C. 1213-2002, s. 35.

36. A physician must, in the event of a complete or partial cessation of practice, inform his patients of such by giving them advance notice within a reasonable period of time.

O.C. 1213-2002, s. 36.

37. A physician must be diligent and display reasonable availability with respect to his patient and the patients for whom he accepts responsibility when he is on call.

O.C. 1213-2002, s. 37.

38. A physician must come to the assistance of a patient and provide the best possible care when he has reason to believe that the patient presents with a condition that could entail serious consequences if immediate medical attention is not given.

O.C. 1213-2002, s. 38.

39. A physician must report to the director of youth protection any situation where there is reasonable cause to believe that the security or development of a child is or may be considered to be in danger; he must then transmit to the director any information he considers pertinent to protecting the child.

The physician himself may also report to the police authorities the situation of a child whose physical integrity or life appears to him to be in danger.

O.C. 1213-2002, s. 39.

40. A physician who has reason to believe that the health of the population or of a group of individuals is threatened must notify the appropriate public health authorities.

O.C. 1213-2002, s. 40.

41. *(revoked)*.

O.C. 1213-2002, s. 41; O.C. 1113-2014, s. 9.

DIVISION V
QUALITY OF PRACTICE

42. A physician must, in the practice of his profession, take into account his capacities, limitations and the means at his disposal. He must, if the interest of his patient requires it, consult a colleague, another professional or any competent person, or direct him to one of these persons.

O.C. 1213-2002, s. 42.

43. A physician must refrain from practising his profession under circumstances or in any state that could compromise the quality of his practice or his acts or the dignity of the profession.

O.C. 1213-2002, s. 43.

44. A physician must practise his profession in accordance with the highest possible current medical standards; to this end, he must, in particular, develop, perfect and keep his knowledge and skills up to date.

O.C. 1213-2002, s. 44.

45. A physician who undertakes or participates in research on human beings must conform to the scientific principles and ethical standards generally recognized and justified by the nature and purpose of his research.

O.C. 1213-2002, s. 45.

46. A physician must make his diagnosis with the greatest care, using the most appropriate scientific methods and, if necessary, consulting knowledgeable sources.

O.C. 1213-2002, s. 46.

47. A physician must avoid omissions, procedures or acts which are unsuitable or contrary to the current information in medical science.

O.C. 1213-2002, s. 47.

48. A physician must not resort to insufficiently tested examinations, investigations or treatments, unless they are part of a recognized research project and carried out in a recognized scientific milieu.

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O.C. 1213-2002, s. 48.

49. A physician must, with regard to a patient who wishes to resort to insufficiently tested treatments, inform him of the lack of scientific evidence relative to such treatments, of the risks or disadvantages that could result from them, as well as the advantages he may derive from the usual care, if any.

O.C. 1213-2002, s. 49.

50. A physician must only provide care or issue a prescription when these are medically necessary.

O.C. 1213-2002, s. 50.

51. A physician must refrain from providing, prescribing or permitting the obtainment of, in the absence of pathology or sufficient medical reason, psychotropic substances, including alcohol, or any other substance producing analogous effects, as well as any substance used to improve performance.

O.C. 1213-2002, s. 51.

52. A physician must refrain from using or stating that he uses secret substances or treatments or from promoting the dissemination thereof.

O.C. 1213-2002, s. 52.

53. A physician must, when performing an act requiring assistance, ensure that the person assisting him is qualified.

O.C. 1213-2002, s. 53.

54. A physician must not remain alone with a patient when he uses a method of examination or treatment that entails a significantly altered state of consciousness.

O.C. 1213-2002, s. 54.

55. A physician must not decrease the physical, mental or affective capacities of a patient except where such is required for preventive, diagnostic or therapeutic reasons.

O.C. 1213-2002, s. 55.

56. A physician must, as soon as possible, inform his patient or the latter's legal representative of an accident or complication which is likely to have or which has had a significant impact on his state of health or personal integrity.

O.C. 1213-2002, s. 56; O.C. 1113-2014, s. 10.

57. A physician must inform the patient or, if the latter is unable to act, his legal representative, of a fatal or grave prognosis, unless there is just cause not to do so.

O.C. 1213-2002, s. 57.

58. A physician must, when the death of a patient appears to him to be inevitable, act so that the death occurs with dignity. He must also ensure that the patient obtains the appropriate support and relief.

O.C. 1213-2002, s. 58.

59. A physician must collaborate with the patient's relatives or any other person who shows a significant interest in the patient.

O.C. 1213-2002, s. 59.

60. A physician must refuse to collaborate or participate in any medical act not in the patient's interest as it pertains to his health.

O.C. 1213-2002, s. 60.

61. A physician must refuse to collaborate in any research activity where the risks to the health of subjects, healthy or ill, appear disproportionate to the potential advantages they may derive from such or the advantages they may derive from the usual care, if any.

O.C. 1213-2002, s. 61.

62. A physician may not, unless an Act or regulation authorizes it,

(1) select or keep in his position as associate, employee or assistant for the purpose of practising medicine, a person who is not a physician;

(2) confer upon a person who is not a physician the responsibility of performing acts belonging to the practice of medicine;

(3) collaborate with a person who illegally practises medicine.

O.C. 1213-2002, s. 62.

DIVISION VI

INDEPENDENCE AND IMPARTIALITY

63. A physician must safeguard his professional independence at all times and avoid any situation in which he would be in conflict of interest, in particular when the interests in question are such that he might tend to favour certain of them over those of his patient or where his integrity and loyalty toward the latter might be affected.

O.C. 1213-2002, s. 63.

63.1. A physician may neither subscribe to any agreement nor accept any benefit likely to influence his or her professional practice as regards the quality of care and its availability as well as the patient's freedom of choice.

The physician must ensure that a patient is given priority access to medical care strictly on the basis of criteria founded on medical necessity.

O.C. 1113-2014, s. 11.

64. A physician must disregard any intervention by a third party which could influence the performance of his professional duties to the detriment of his patient, a group of individuals or a population.

O.C. 1213-2002, s. 64.

65. A physician acting on behalf of a third party must communicate directly to the physician of the patient, with the latter's authorization, any information he considers important with respect to his state of health.

O.C. 1213-2002, s. 65.

66. A physician must, subject to existing laws, refrain from acting as physician on behalf of a third party in a lawsuit against his patient.

O.C. 1213-2002, s. 66.

67. A physician acting on behalf of a patient or a third party as expert or assessor, must:

(1) objectively and impartially acquaint the person subject to the assessment or expert's opinion with the purpose of the physician's work, the subjects of the assessment or expert's opinion and the means the physician intends to use to carry it out; the physician must also tell the person to whom the assessment or expert's report is being sent and how the person may request a copy thereof;

(2) avoid obtaining any information from that person or making any interpretations or comments not pertinent to the subject of the assessment or expert's opinion;

(3) communicate to third parties only the comments, information or interpretations necessary for answering the questions raised by the requested assessment or expert's opinion;

(4) refrain from any word or gesture that could undermine that person's confidence in his physician;

(5) promptly, objectively and impartially communicate his report to the third party or person who requested the assessment or the expert's opinion.

O.C. 1213-2002, s. 67; O.C. 1113-2014, s. 12.

68. A physician must, in judging the aptitude of a person to perform work, confine himself to seeking information pertinent to this purpose.

O.C. 1213-2002, s. 68.

69. A physician acting on behalf of a third party as expert or assessor may not become the attending physician of the patient unless the latter requests it or expressly authorizes it, and not until his mandate from the third party is completed.

O.C. 1213-2002, s. 69.

70. A physician must, except in an emergency or in cases which are manifestly not serious, refrain from treating himself, or from treating any person with whom there is a relationship that could prejudice the quality of his practice, notably his spouse and his children.

O.C. 1213-2002, s. 70.

71. A physician must, either alone or with the physicians with whom he practises, assume responsibility for the practice of his profession; he may not accept any arrangement limiting that responsibility.

O.C. 1213-2002, s. 71.

72. A physician may not be party to an agreement in which the nature and extent of professional expenses can influence the quality of his practice.

Likewise, a physician may not be party to an agreement with another health professional in which the nature and extent of the professional expenses of the latter can influence the quality of his practice.

Any agreement entered into by the physician or a partnership or join-stock company of which he is a partner or shareholder regarding the enjoyment of a building or a space for practice of the medical profession, must be entirely recorded in writing and include a statement from the physician that the obligations arising from the agreement comply with the provisions of the Code and a clause authorizing release of the agreement to the Collège des médecins upon its request.

O.C. 1213-2002, s. 72; O.C. 39-2008, s. 2; O.C. 1113-2014, s. 13.

73. A physician must refrain:

(1) from seeking or obtaining a financial benefit other than the physician's fees from the prescription of apparatus, examinations or medications, either directly, indirectly or through an enterprise controlled by the physician or in which the physician takes part;

(2) from granting, in the practice of his profession, any benefit, commission or rebate to any person whatsoever;

(3) from accepting, in his capacity as a physician or by using his title of physician, any commission, rebate or material benefit with the exception of customary presents and gifts of modest value.

Despite subparagraph 1 of the first paragraph, a physician may make a profit from the sale or marketing of an apparatus or examination that the physician prescribes and has developed or contributed to its development, directly, indirectly or through an enterprise controlled by the physician or in which the physician takes part, in which case the physician must so inform the patient.

O.C. 1213-2002, s. 73; O.C. 39-2008, s. 3; O.C. 1113-2014, s. 14; O.C. 1122-2016.

73.1. Specifically constituting a material advantage as contemplated by paragraph 3 of section 73 is the enjoyment of a building or a space at no charge or at a discount for the practice of the medical profession granted to a physician or to a partnership or join-stock company of which he is a partner or shareholder by:

(1) a pharmacist or a partnership or join-stock company of which the pharmacist is a partner or shareholder;

(2) a person whose activities are linked, directly or indirectly, to the practice of pharmacy;

(3) another person in a context that may present a conflict of interests, whether real or only apparent.

Whether a rent is fair and reasonable is determined as a function of local socio-economic conditions at the time it is fixed.

O.C. 39-2008, s. 4.

74. A physician must not solicit clientele.

O.C. 1213-2002, s. 74.

75. A physician may not allow his title to be used for commercial purposes.

O.C. 1213-2002, s. 75.

76. A physician must refrain, directly or indirectly, from leasing or selling apparatus or from selling any medication or product presented as having a benefit to health, except the apparatus installed or the medications and products administered by the physician directly.

In addition, a physician may not claim disproportionate amounts as payment for the medical supplies required by the treatments administered by the physician.

O.C. 1213-2002, s. 76; O.C. 1113-2014, s. 15.

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

O.C. 1213-2002, s. 77; O.C. 1113-2014, s. 16.

78. A physician who undertakes or participates in a research project must state his interests and disclose any real, apparent or potential conflicts of interest to the research ethics committee.

In research-related activities, a physician must not be party to any agreement nor accept or grant any compensation that would call his professional independence into question.

Remuneration or compensation of a physician for the time and professional expertise he devotes to research must be reasonable and known to the ethics committee.

O.C. 1213-2002, s. 78.

79. A physician who receives benefits from the enterprise offering a product having a benefit to health or therapeutic or diagnostic services in which the physician has interests or is part of an enterprise which is within his or her power to control and which manufactures or markets products having a benefit to health or therapeutic or diagnostic services must so inform the circles in which he or she promotes them.

O.C. 1213-2002, s. 79; O.C. 1113-2014, s. 14; O.C. 1122-2016.

80. A physician may not be party to any agreement or accept any benefit that could jeopardize his professional independence, particularly in the context of continuing medical education activities.

O.C. 1213-2002, s. 80.

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81. A physician who organizes a continuing medical education activity or acts as a resource person in the context of such an activity must inform the participants of his affiliations or financial interests in a commercial enterprise in the performance of this activity.

O.C. 1213-2002, s. 81.

82. A physician who is to perform a graft or organ transplant must not participate in the determination or confirmation of death of the patient from whom the organ is to be removed.

O.C. 1213-2002, s. 82.

DIVISION VII INTEGRITY

83. A physician must refrain from guaranteeing, explicitly or implicitly, the effectiveness of an examination, investigation or treatment, or the cure of a disease.

O.C. 1213-2002, s. 83.

84. A physician must refrain from entering, producing or using data that he knows to be erroneous in any document, particularly in any report, medical record or research record.

O.C. 1213-2002, s. 84.

85. A physician must refrain from issuing to any person and for any reason whatsoever a false certificate or any information, either verbal or written, which he knows to be erroneous.

O.C. 1213-2002, s. 85.

86. *(Revoked).*

O.C. 1213-2002, s. 86; O.C. 550-2010, s. 1.

87. A physician must not knowingly conceal the negative findings of a research project in which he has taken part.

O.C. 1213-2002, s. 87.

DIVISION VII.I ADVERTISING AND PUBLIC STATEMENTS

O.C. 550-2010, s. 2.

88. A physician may not, by whatever means, advertise or make a representation to the public or to a person having recourse to his services or allow such to be made in his name, about him or for its benefit, that is false, misleading or incomplete, particularly as to his level or competence or the scope of effectiveness of his services, or favouring a medication, products, or method of investigation or treatment.

O.C. 1213-2002, s. 88; O.C. 550-2010, s. 2.

88.0.1. A physician who addresses the public must communicate factual, exact and verifiable information. This information must not contain any comparative or superlative statement belittling or disparaging a service or product dispensed by another physician or other professionals.

O.C. 550-2010, s. 2.

88.1. A physician may not use or allow in an advertisement the expression in an unsuitable way of support or gratitude concerning him or his professional practice.

O.C. 550-2010, s. 2.

89. A physician, expressing medical opinions through any public information medium, must express opinions in keeping with current information in medical science on the subject and indicate the caution with respect to a new diagnostic, investigative or treatment procedure which has not been sufficiently tested.

O.C. 1213-2002, s. 89; O.C. 550-2010, s. 2.

90. *(Revoked).*

O.C. 1213-2002, s. 90; O.C. 550-2010, s. 3.

91. *(Revoked).*

O.C. 1213-2002, s. 91; O.C. 550-2010, s. 3.

92. A physician must, in any advertising or any other item of identification used to offer professional services, clearly indicate his or her name and a specialist's title corresponding to one of the specialties defined in the Regulation respecting medical specialties (chapter M-9, r. 26.1). The physician may also mention in it the professional services he or she offers.

O.C. 1213-2002, s. 92; O.C. 550-2010, s. 4; O.C. 1113-2014, s. 18.

93. A physician must keep a complete copy of every advertisement in its original form, as well as a copy of any relevant contracts, for a period of not less than 3 years following the date on which the advertisement was last published or broadcast. The copy must be submitted to a syndic of the Collège upon request.

O.C. 1213-2002, s. 93.

93.1. Advertising about the prices of services provided by a physician must be of a nature to inform a person who does not have special knowledge of medicine.

O.C. 550-2010, s. 5.

93.2. A physician who includes a price in his advertising must also indicate the following information:

- (1) the price of the treatment or service contemplated and, if any, the validity period;
- (2) any restrictions that apply;
- (3) any additional services or fees that might be charged and are not already included in the fee or price;

(4) additional fees associated with the terms of payment, if any.

A physician may agree with a patient to charge a price below that published or circulated.

O.C. 550-2010, s. 5.

93.3. The physician may not in any way whatsoever make or allow advertising intended for vulnerable persons particularly due of their age, condition or the occurrence of a specific event.

O.C. 550-2010, s. 5.

DIVISION VIII

ACCESSIBILITY AND RECTIFICATION OF RECORDS

94. A physician must, promptly and within not more than 20 days of its receipt, respond to any request made by his patient 14 years of age or older to examine or obtain a copy of documents concerning him in any record established in his respect.

Despite the foregoing, a physician may temporarily deny access if the physician is of the opinion that communicating the record or a part thereof would cause serious harm to the patient's health. In that case, the physician determines the time the record or part thereof to which access is denied may be communicated to the patient and so informs the patient.

A physician must obtain the consent of a minor 14 years of age or older before communicating to the minor's parent or tutor health information connected with care to which the minor may give his or her consent alone.

O.C. 1213-2002, s. 94; O.C. 1113-2014, s. 19.

94.1. A physician may not communicate information concerning a patient, or contained in the patient's record, furnished by or concerning a third party, where knowledge of the existence or the communication thereof would make it possible to identify the third party and such disclosure could seriously harm the third party, unless the latter agrees in writing to the communication of the information or in the case of an emergency that threatens the life, health or safety of the person concerned.

The first paragraph does not apply where the information was furnished by a health or social services professional or by an employee of a health institution in the performance of their duties. For the purposes of this paragraph, trainees, including medical residents, are deemed to be health or social services professionals.

O.C. 1113-2014, s. 20.

95. A physician may demand from a patient reasonable fees no greater than the cost of reproducing or transcribing such documents and the cost of transmitting a copy of the latter.

A physician who intends to demand such fees must, before proceeding with any reproduction, transcription or transmission, inform his patient of the approximate amount he will be required to pay.

Despite the foregoing, a physician may not withhold the documents until payment of the fees by the patient.

O.C. 1213-2002, s. 95; O.C. 1113-2014, s. 21.

96. A physician who refuses a patient access to information contained in a record established in his respect must, at the written request of the patient, inform him in writing of the reasons for his refusal and enter such reasons in the record.

O.C. 1213-2002, s. 96.

97. A physician must provide a patient who requests it, or such person designated by the latter, with all information allowing him to obtain a benefit to which he may be entitled.

O.C. 1213-2002, s. 97.

98. A physician must, at the patient's written request and within not more than 30 days of its receipt, hand over to the physician, employer, establishment, insurer or any other person designated by the patient, pertinent information from the patient's medical record which is in his possession and safekeeping.

O.C. 1213-2002, s. 98.

99. A physician must, promptly and within not more than 30 days of its receipt, respond to any request made by a patient to correct or delete inexact, incomplete, ambiguous, outdated or unjustified information in any document concerning him. He must also respect the right of the patient to make written comments in his record.

A physician must deliver to the patient, free of charge, a copy of the document or that part of the document which was duly dated and placed in the record and which allows the patient to see that the information was corrected or deleted or, depending on the case, an attestation that the patient's written comments have been entered in the record.

O.C. 1213-2002, s. 99.

100. A physician must transmit a copy, without charge to the patient, of the corrected information or an attestation that the information was deleted or, if such be the case, that the written comments were entered in the record, to any person from whom the physician has received information that was the subject of correction, deletion or comments, as well as to any person to whom the information was communicated.

O.C. 1213-2002, s. 100; O.C. 1113-2014, s. 22.

101. A physician who refuses to assent to a request for correction or deletion of information must notify the patient in writing of the reasons for such refusal and inform him of any recourse available to him.

O.C. 1213-2002, s. 101.

102. A physician must respond promptly to any written request made by a patient to regain possession of a document the patient entrusted to him.

O.C. 1213-2002, s. 102.

**DIVISION IX
FEES**

103. A physician must refrain from claiming fees from whomever for professional activities the cost of which has been or must be paid by a third party.

O.C. 1213-2002, s. 103.

104. A physician must claim only those fees justified by the nature and circumstances of the professional services rendered.

The physician must, without delay, advise the patient of any change in the estimated cost of services.

A physician who claims fees must provide the patient with an itemized invoice for his or her services, the medical supplies and apparatus, medications and products presented as having a benefit to health whose cost is claimed by the physician.

O.C. 1213-2002, s. 104; O.C. 1113-2014, s. 23.

105. A physician who does not participate or who has withdrawn from the Québec Health Insurance Plan or who claims fees for services not covered by this Plan, must give the patient sufficient prior information on the nature and scope of the services included in the price and specify the validity period, where applicable. A physician must provide the patient with all the necessary explanations for understanding his account and the terms and conditions of payment. The physician must in particular clearly identify the cost of his or her fees and the price of medical supplies, apparatus, medications and products presented as having a benefit to health.

He must display for public view in the waiting room of the place where he practices the price of any services, supplies and accessory charges and medical care that he charges for.

O.C. 1213-2002, s. 105; O.C. 550-2010, s. 6; O.C. 1113-2014, s. 24.

106. A physician must refrain from claiming fees for professional services not rendered.

The physician contemplated in section 105 may, however, demand a reasonable advance to cover the costs and fees related to the performance of his professional services.

O.C. 1213-2002, s. 106.

107. A physician may share his fees only insofar as the sharing does not affect his professional independence.

O.C. 1213-2002, s. 107.

108. A physician must not sell or transfer his accounts for professional fees, unless it is to another physician or unless the patient agrees thereto or a regulation of the Collège authorizes it.

O.C. 1213-2002, s. 108.

109. A physician who appoints another person or agency to collect his fees must ensure that the latter proceeds with tact, moderation and a respect for the confidentiality and practices related to the collection of accounts authorized by law.

O.C. 1213-2002, s. 109.

DIVISION X

RELATIONS WITH COLLEAGUES AND OTHER PROFESSIONALS

110. A physician must not, in his relations with whomever in the practice of his profession, notably a colleague or member of another professional order, denigrate him, abuse his confidence, willingly mislead him, betray his good faith or use disloyal tactics.

O.C. 1213-2002, s. 110.

111. A physician must not harass, intimidate or threaten a person with whom he is connected in the practice of his profession.

O.C. 1213-2002, s. 111.

112. A physician must, when of his own initiative he refers a patient to another professional, provide the latter with any information he possesses which is pertinent to the examination, investigation and treatment of that patient.

O.C. 1213-2002, s. 112.

112.1. A physician must cooperate with other health professionals and other persons authorized to provide health care to a patient.

O.C. 1113-2014, s. 25.

113. A physician must accept a request for consultation from a physician and must promptly provide the latter with the written results of his or her consultation and the recommendations the physician considers appropriate. The physician may also, if he considers it necessary, provide another health professional or another authorized person who refers a patient to him or her or to whom the physician refers a patient with any information useful to the care and services to be given to that patient.

O.C. 1213-2002, s. 113; O.C. 1113-2014, s. 26.

114. A physician must, in an emergency, assist a colleague or another health professional in the practice of his profession when the latter requests it.

O.C. 1213-2002, s. 114.

115. A physician must not take credit for work performed by a colleague or any other person.

O.C. 1213-2002, s. 115.

DIVISION XI

RELATIONS WITH THE COLLÈGE

116. A physician must collaborate with the Collège in the execution of the latter's mandate to protect the public.

O.C. 1213-2002, s. 116.

117. A physician must refrain from exerting any undue pressure, accepting or offering money or any other consideration, in order to influence a decision of the board of directors of the Collège, one of its committees or any person acting on behalf of the Collège.

O.C. 1213-2002, s. 117.

118. A physician may not intimidate, hinder or denigrate in any way whatsoever a representative of the Collège acting in the performance of the duties conferred upon him by the Professional Code (R.S.Q., c. C-26), the Medical Act (R.S.Q., c. M-9) or the regulations ensuing therefrom, or any person who has requested the holding of an inquiry, or any other person identified as a witness who could be summoned before a disciplinary body.

O.C. 1213-2002, s. 118.

119. A physician must report to the Collège any physician, medical student, resident, medical fellow or any person authorized to practise medicine whom he believes to be unfit to practise, incompetent or dishonest, or who has performed acts in contravention of the Professional Code (R.S.Q., c. C-26), Medical Act (R.S.Q., c. M-9) or regulations ensuing therefrom.

The physician must furthermore try to assist a colleague who presents a health problem likely to affect the quality of his practice.

O.C. 1213-2002, s. 119.

120. A physician must, as promptly as possible, reply in writing to any correspondence from the secretary of the Collège, from a syndic as well as a member of the review committee or professional inspection committee, or from an investigator, expert or inspector of this Committee, and make himself available for any meeting considered pertinent.

O.C. 1213-2002, s. 120.

121. A physician who is the subject of an inquiry or upon whom a complaint has been served by a syndic must not communicate with the person who requested that the inquiry be held, unless the physician has the prior, written permission of the person acting as syndic.

O.C. 1213-2002, s. 121.

122. A physician must respect any agreement he has concluded with the board of directors, the executive committee, the secretary of the Collège, a syndic, an assistant syndic or the professional inspection committee.

O.C. 1213-2002, s. 122.

123. A physician may not use the graphic symbol of the Collège in his advertising, unless he is authorized to do so by the secretary of the Collège, in which case the physician must add to such advertising the following notice:

This advertisement is not an advertisement for the Collège des médecins du Québec and makes reference only to its authors.

O.C. 1213-2002, s. 123.

CHAPTER IV FINAL PROVISIONS

124. This Code replaces the Code of ethics of physicians (R.R.Q., 1981, c. M-9, r.4).

O.C. 1213-2002, s. 124.

125. *(Omitted).*

O.C. 1213-2002, s. 125.

O.C. 1213-2002, 2002 G.O. 2, 5574

O.C. 39-2008, 2008 G.O. 2, 617

S.Q. 2008, c. 11, s. 212

O.C. 550-2010, 2010 G.O. 2, 1905

O.C. 1113-2014, 2014 G.O. 2, 2824

O.C. 1122-2016, 2017, G.O. 2, 15