FACT SHEET: Ensuring Access to Care – Effective Referral

When physicians limit the health services they provide for reasons of conscience or religion, the CPSO requires that they provide patients with an 'effective referral'. [1]

What is an effective referral?

A physician makes an effective referral when he or she takes positive action to ensure the patient is connected in a timely manner to another physician, health-care provider, or agency who is non-objecting, accessible and available to the patient.

Objective: Ensuring Access to Care, Respecting Patient Autonomy

An effective referral does not guarantee a patient will receive a treatment, or signal that the objecting physician endorses or supports the treatment. It ensures access to care and demonstrates respect for patient autonomy.

All effective referrals involve the following steps:

1 The physician takes positive action to connect a patient with another physician, health-care provider or agency.
The physician can make the referral him/herself OR assign the task to another. The physician must ensure the designate complies with the CPSO expectations for an effective referral.

2 Referrals must be made to non-objecting physicians, health-care providers or agencies that are accessible and available to the patient.
The physician, health-care provider or agency must be accepting patients/open, must not share the same religious or conscience objections as the referring physician and must be in a location that is reasonably accessible to the patient or via telemedicine where appropriate.

3 Referrals must be made in a timely manner, so that the patient will not experience an adverse clinical outcome due to a delayed referral.
A patient would be considered to suffer an adverse outcome due to a delay if their untreated pain or suffering is prolonged, their clinical condition deteriorates, or the delay results in the patient no longer being able to access care (e.g., for time sensitive matters such as emergency contraception, an abortion or when a patient wishes to explore medical assistance in dying.)

Examples:

The physician or designate contacts a non-objecting physician or non-objecting health-care professional and arranges for the patient to see that physician/professional.

The physician or designate transfers the patient[2] to a non-objecting physician or non-objecting health-care provider.

The physician or designate connects the patient with an agency charged with facilitating referrals for the health-care service, and arranges for the patient to be seen at that agency.

A practice group in a hospital, clinic or family practice model identifies patient queries or needs through a triage system. The patient is directly matched with a non-objecting physician in the practice group with whom the patient can explore all options in which they have expressed an interest.

A practice group in a hospital, clinic or family practice model identifies a point person who will facilitate referrals or who will provide the health care to the patient. The objecting physician or their designate connects the patient with that point person.

Physicians may wish to contact CPSO Physician Advisory Services for advice on specific situations.

[1] The requirement for an effective referral is included in the *Professional Obligations and Human Rights* policy, and the *Physician-Assisted Death* policy.
[2] A transfer of care in this situation would be specific to the care to which the physician objects. A transfer is not equivalent to ending the physician-patient relationship. Physicians must not terminate the physician-patient relationship simply because the patient wishes to explore a care option to which the physician has a conscientious objection.