

chapter C-26, r. 167

Code of ethics of respiratory therapists of Québec

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

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DIVISION I

DUTIES AND OBLIGATIONS TOWARD THE PUBLIC

1. This Code determines, pursuant to section 87 of the Professional Code (chapter C-26), the duties of all members of the Ordre professionnel des inhalothérapeutes du Québec regardless of the context or manner in which they carry on their professional activities or the nature of their contractual relationship with the client.

O.C. 451-99, s. 1; O.C. 1126-2012, s. 1.

1.1. A respiratory therapist must take reasonable means to ensure compliance with the Professional Code (chapter C-26) and its regulations by every person collaborating with the respiratory therapist in the practice of the profession and any partnership or joint-stock company within which the respiratory therapist practises.

O.C. 1126-2012, s. 2.

1.2. The duties and obligations of a respiratory therapist under the Professional Code (chapter C-26) and its regulations are not modified or diminished by the fact that the respiratory therapist practises within a partnership or joint-stock company.

O.C. 1126-2012, s. 2.

2. A respiratory therapist shall support every measure likely to improve the quality and availability of respiratory therapy professional services.

O.C. 451-99, s. 2.

3. A respiratory therapist shall take into account all foreseeable consequences to public health liable to result from his research and work.

O.C. 451-99, s. 3.

4. A respiratory therapist shall practise his profession in accordance with the highest possible standards, and shall maintain and perfect his knowledge and skills to this end. A respiratory therapist shall furthermore seek to improve his attitudes and correct them if necessary.

O.C. 451-99, s. 4.

5. A respiratory therapist shall promote measures of education and information relevant to respiratory therapy. He shall also perform those acts necessary to ensure such education and information.

O.C. 451-99, s. 5.

DIVISION II

DUTIES AND OBLIGATIONS TOWARD CLIENTS

§ 1. — *General provisions*

6. Before performing a professional act, a respiratory therapist shall take into account the limitations of his knowledge, abilities, and means at his disposal.

O.C. 451-99, s. 6.

7. A respiratory therapist shall at all times respect a client's wish to consult another member of the Order or a member of another professional order.

O.C. 451-99, s. 7.

8. A respiratory therapist shall refrain from practising his profession under conditions or in situations likely to impair the quality of his services or the dignity of the profession.

O.C. 451-99, s. 8.

9. A respiratory therapist shall endeavour to establish a relationship of mutual trust between himself and his client. To this end, he shall deliver his services in a personalised manner.

O.C. 451-99, s. 9.

§ 2. — *Integrity*

10. A respiratory therapist shall discharge his professional duties with integrity.

O.C. 451-99, s. 10.

11. If the client's welfare so requires, the respiratory therapist shall consult a member of the Order or a member of another professional order or refer him to one of these persons.

O.C. 451-99, s. 11.

11.1. The respiratory therapist shall report any incident or accident that results from his intervention or omission as soon as he becomes aware of it.

The respiratory therapist shall not attempt to conceal such incident or accident.

Where such an incident or accident has or could have consequences for the client's health, the respiratory therapist shall promptly take the necessary measures to remedy, minimize, or offset the consequences of the incident or accident.

O.C. 422-2008, s. 1.

§ 3. — *Availability and diligence*

12. A respiratory therapist shall demonstrate reasonable availability and diligence.

O.C. 451-99, s. 12.

13. In addition to opinion and advice, a respiratory therapist shall provide his client with the explanations necessary to understand and appreciate the services rendered.

O.C. 451-99, s. 13.

14. Before ceasing to perform his duties on behalf of a client, a respiratory therapist shall ensure that the termination of services is not prejudicial to the client.

O.C. 451-99, s. 14.

15. A respiratory therapist shall not refuse to render services where the client's life is in danger.

O.C. 451-99, s. 15.

§ 4. — *Independence and impartiality*

16. A respiratory therapist must subordinate his or her personal interests, those of the partnership or joint-stock company within which the respiratory therapist practises or in which the respiratory therapist has an

interest and those of any other person practising within the partnership or joint-stock company, to those of the client.

O.C. 451-99, s. 16; O.C. 1126-2012, s. 3.

16.1. A respiratory therapist may not enter into any agreement that operates to impair the independence, impartiality, objectivity or integrity required for the practice of the profession.

O.C. 1126-2012, s. 3.

17. A respiratory therapist shall ignore any intervention by a third party that might influence the performance of his professional duties to the detriment of his client.

O.C. 451-99, s. 17.

18. A respiratory therapist shall refrain from intervening in his client's personal affairs on questions that are not within the scope of his professional competence.

O.C. 451-99, s. 18.

19. A respiratory therapist shall safeguard his professional independence at all times, and shall avoid any situation in which he could be in conflict of interest.

O.C. 451-99, s. 19.

19.1. A respiratory therapist is in a situation of conflict of interest where, in particular, the respiratory therapist

(1) shares his or her professional income in any form whatsoever with a person, trust or enterprise, except

(a) a member of the Order;

(b) a person, trust or enterprise referred to in subparagraph 1 of the first paragraph of section 4 or subparagraph 1 of the first paragraph of section 5 of the Regulation respecting the practice of the profession of respiratory therapist in a partnership or joint-stock company (chapter C-26, r. 171.1); and

(c) a partnership or joint-stock company within which the respiratory therapist practises;

(2) gives any commission, rebate, advantage or other consideration of the same nature in relation to the practice of respiratory therapy;

(3) receives, in addition to the remuneration to which the respiratory therapist is entitled, any commission, rebate, discount, advantage or other consideration of the same nature from any person, including a vendor or manufacturer of equipment, medications or other products associated with the practice of respiratory therapy, except tokens of appreciation and gifts of modest value;

(4) has a credit line with a vendor or a manufacturer of equipment, medications or other products associated with the practice of respiratory therapy, unless the respiratory therapist has a written agreement containing a statement that the obligations under the agreement are in compliance with the provisions of this Code, and a clause authorizing disclosure of the agreement, on request, to the Order; or

(5) rents or uses the premises, equipment or other resources of any person, including a vendor or manufacturer of equipment, medications or other products associated with the practice of respiratory therapy, unless the respiratory therapist has a written agreement containing a statement that the obligations under the agreement are in compliance with the provisions of this Code, and a clause authorizing disclosure of the agreement, on request, to the Order.

O.C. 1126-2012, s. 4.

19.2. Despite section 19.1, a respiratory therapist is not in a situation of conflict of interest if the respiratory therapist accepts a discount from a supplier because of

(1) normal prompt payment, if the discount appears on the invoice and is in keeping with customary market practices in such matters; or

(2) the volume of purchases of products other than medications, if the discount appears on the invoice or statement of account and is in keeping with customary market practices in such matters.

O.C. 1126-2012, s. 4.

19.3. A respiratory therapist must take the necessary measures to ensure that information and documents relevant to professional secrecy are not disclosed to a partner, shareholder, director, officer or employee of a partnership or joint-stock company within which the respiratory therapist practises or in which the respiratory therapist has an interest, where the respiratory therapist becomes aware that the partner, shareholder, director, officer or employee is in a situation of conflict of interest.

In assessing the effectiveness of the measures, the following factors in particular are taken into account:

(1) the size of the partnership or joint-stock company;

(2) the precautions taken to prevent access to the records of the respiratory therapist by the person in the situation of conflict of interest;

(3) the instructions given for the protection of confidential information or documents relating to the situation of conflict of interest; and

(4) the degree of isolation, from the respiratory therapist, of the person in the situation of conflict of interest.

O.C. 1126-2012, s. 4.

§ 5. — *Liability*

20. In the practice of his profession, a respiratory therapist shall assume full civil liability. He is thus prohibited from including in a contract for professional services any clause that directly or indirectly excludes all or part of such liability.

In addition, the respiratory therapist may not invoke the liability of the partnership or joint-stock company within which the respiratory therapist practises or that of any other person also practising within the same partnership or company to exclude or waive his or her personal civil liability.

O.C. 451-99, s. 20; O.C. 1126-2012, s. 5.

§ 6. — *Professional secrecy*

21. A respiratory therapist is bound by professional secrecy in accordance with section 60.4 of the Professional Code (chapter C-26).

A respiratory therapist who, pursuant to the third paragraph of section 60.4 of the Professional Code, communicates information protected by professional secrecy in order to prevent an act of violence shall:

(1) communicate the information without delay;

(2) file the following items in the record of the client in question:

(a) the reasons for the decision to communicate the information;

- (b) the precise elements of the information communicated;
- (c) the method of communication used;
- (d) the name and the coordinates of the person to whom the information was communicated;
- (e) the reason behind the choice of the person to whom the information was communicated;
- (f) the place, the date, and the time of this communication;
- (g) the identity and the coordinates of any person, if any, that he has consulted confidentially prior to this communication.

O.C. 451-99, s. 21; O.C. 944-2003, s. 1.

22. A respiratory therapist shall avoid all indiscreet conversation about a client or services rendered to a client.

O.C. 451-99, s. 22.

22.1. A respiratory therapist must take reasonable means to ensure that the secrecy of confidential information received in the practice of the profession is preserved by every employee or person cooperating with the respiratory therapist or practising within the same partnership or joint-stock company.

O.C. 1126-2012, s. 6.

22.2. A respiratory therapist may not reveal that a person has made use of his or her services except for the purposes of internal administration of the partnership or joint-stock company within which the respiratory therapist practises.

O.C. 1126-2012, s. 6.

§ 7. — *Accessibility of, and corrections to, records*

23. Where a respiratory therapist exercises his profession for a public body governed by the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5), he shall respect the rules of accessibility and correction of files provided for in those Acts.

O.C. 451-99, s. 23.

24. Access to information contained in a record is free for the purposes of section 60.5 of the Professional Code (chapter C-26). Nevertheless, fees not exceeding the costs of transcription, reproduction, or transmission may be charged to the client. A respiratory therapist who intends to charge fees under this section must inform the client of the amount that will be charged before transcribing, reproducing, or transmitting the information.

O.C. 451-99, s. 24.

25. A respiratory therapist who has in his possession a record in respect of which a request for access or correction has been made must accede to such request with due diligence and not later than 20 days after receipt thereof.

O.C. 451-99, s. 25.

26. A respiratory therapist who grants a request for correction pursuant to section 60.6 of the Professional Code (chapter C-26) shall, without charge, deliver to the client a copy of all information that has been changed or added or, as the case may be, a certification that information has been deleted.

The client may require the respiratory therapist to transmit a copy of the information or certification, as the case may be, to the person from whom such information was obtained or to any other person to whom such information was given.

O.C. 451-99, s. 26.

27. A respiratory therapist who refuses to grant a request for access or correction shall notify the client in writing, giving reasons and informing him of his recourses.

O.C. 451-99, s. 27.

28. A respiratory therapist who has information in respect of which a request for access or correction has been denied shall continue to keep such information during such time as will allow the client to exhaust his recourses under the law.

O.C. 451-99, s. 28.

29. A respiratory therapist shall, with due diligence, deliver to a client who so requests all documents entrusted to him by the client.

O.C. 451-99, s. 29.

§ 8. — *Determination and payment of fees*

30. A respiratory therapist shall only charge or accept fees that are fair and reasonable, warranted under the circumstances, and proportional to the services rendered.

O.C. 451-99, s. 30.

31. In determining his fees, a respiratory therapist shall, in particular, take the following factors into account:

- (1) his experience;
- (2) the time required to execute the professional service;
- (3) the degree of difficulty and importance of the service;
- (4) the performance of unusual services or services requiring exceptional competence or speed.

O.C. 451-99, s. 31.

32. A respiratory therapist shall provide his client with all the explanations the client needs to understand the statement of fees and method of payment.

O.C. 451-99, s. 32.

33. Insofar as possible, a respiratory therapist shall inform his client of the anticipated cost of his services before rendering them.

O.C. 451-99, s. 33.

33.1. A respiratory therapist who practises within a partnership or joint-stock company must ensure that the fees charged for professional services provided by respiratory therapists are always shown distinctly on all invoices or fee statements sent by the partnership or joint-stock company to the client.

O.C. 1126-2012, s. 7.

33.2. Where a respiratory therapist practises within a joint-stock company, the fees for professional services rendered by the respiratory therapist within and on behalf of the joint-stock company belong to the company, unless otherwise agreed.

O.C. 1126-2012, s. 7.

34. A respiratory therapist shall refrain from demanding advance payment of his fees. He may, however, by written agreement with the client, require payment on account to cover disbursements that are necessary for the execution of the required professional services.

O.C. 451-99, s. 34.

35. A respiratory therapist shall not charge interest on outstanding accounts without first duly notifying his client. The rate of interest charged must be reasonable.

O.C. 451-99, s. 35.

36. Before having recourse to legal proceedings, a respiratory therapist must have exhausted all other means at his disposal for obtaining payment of his fees.

O.C. 451-99, s. 36.

37. Where a respiratory therapist entrusts the collection of his fees to another person, he shall ensure that such person acts with tact and moderation.

O.C. 451-99, s. 37.

DIVISION III

DUTIES AND OBLIGATIONS TOWARD THE PROFESSION

§ 1. — *Derogatory acts*

38. In addition to the acts mentioned in sections 59 and 59.1 or acts that might be in breach of section 59.2 of the Professional Code (chapter C-26), the following constitute acts that are derogatory to the dignity of the profession:

(1) practising the profession while under the influence of alcohol, drugs, hallucinogens, narcotics, anaesthetics, or any other substance liable to compromise the quality of his services or the client's safety;

(1.1) appropriating medication or other substances, in particular narcotics, narcotic or anaesthetic preparations or any other property belonging to the employer or a person with whom the respiratory therapist deals in the practice of the profession;

(2) voluntarily abandoning a client who requires supervision, or refusing to provide care without sufficient cause and without ensuring competent relief in those cases where he can reasonably do so;

(3) ignoring or changing a medical prescription;

(4) entering false information into a client's record, or inserting notes under another person's signature;

(5) altering notes previously entered into a client's record, or replacing any part thereof with the intention of falsifying them;

(6) urging someone repeatedly or insistently, whether personally or through a partnership, group, association, legal person, or another natural person, to use his professional services;

(7) using confidential information to the detriment of a client with a view to obtaining a direct or indirect benefit for himself or another person;

(8) *(paragraph revoked)*;

(9) receiving, paying, or undertaking to pay any benefit, rebate, or commission in connection with the practice of his profession, other than the remuneration to which he is entitled;

(10) failing to report to the Order, without delay, any person appropriating the title of respiratory therapist;

(11) communicating with a claimant upon learning of an investigation into his professional conduct or competence or upon receiving notice of a complaint against him, without the prior written permission of the syndic or an assistant syndic;

(12) intimidating any person or carrying out or threatening to carry out reprisals against any person on the grounds that:

(a) such person has denounced or intends to denounce derogatory conduct or behaviour;

(b) such person has participated or collaborated in or intends to participate or collaborate in an investigation relating to derogatory conduct or behaviour;

(c) such person is likely to be called as a witness before a disciplinary body;

(13) charging fees for professional services not provided or falsely described;

(14) failing to respect any written undertaking entered into with the Order or a person authorized by the Order.

O.C. 451-99, s. 38; O.C. 1297-2001, s. 1; O.C. 1126-2012, s. 8.

38.1. It is also derogatory to the dignity of the profession for a respiratory therapist practising within a partnership or joint-stock company

(1) to practise with other persons when the respiratory therapist is aware that one or more of the terms, conditions or restrictions under which the respiratory therapist is authorized to practise is not being complied with;

(2) to continue to practise within the partnership or joint-stock company when the representative for the partnership or joint-stock company with the Order, a director, an officer or an employee continues to perform duties more than 10 days after being struck off the roll for more than 3 months or having his or her permit revoked; and

(3) to continue to practise within the partnership or joint-stock company when a shareholder or partner has been struck off the roll for more than 3 months or has had his or her permit revoked except if, within 10 days after the date on which the penalty becomes enforceable, the partner or shareholder divests his or her voting shares or places them in the hands of a trustee.

O.C. 1126-2012, s. 9.

§ 2. — *Relations with the Order, colleagues, and other professionals*

39. A respiratory therapist whose participation on a committee is requested by the Order shall accept that duty insofar as it is possible for him to do so.

O.C. 451-99, s. 39.

40. A respiratory therapist shall reply promptly to all correspondence from the Order, and in particular, from the syndic or an assistant syndic, an expert appointed to assist the syndic, the professional inspection committee or one of its members, an inspector, an investigator, or a committee expert, whenever any such person requests information or explanations concerning any matter relating to the practice of the profession.

O.C. 451-99, s. 40.

40.1. The respiratory therapist shall ensure that the information he provides to the Order is accurate.

O.C. 422-2008, s. 2.

41. A respiratory therapist shall not, in respect of any person with whom he has dealings in the exercise of his profession, notably another member of the Order or a member of another professional order, betray such person's good faith or be guilty of breach of trust or disloyal practices in his regard.

In particular, a respiratory therapist shall not take credit for work done by another person.

O.C. 451-99, s. 41.

42. A respiratory therapist shall give his opinion and recommendations within a reasonable time when consulted by a member of the Order.

O.C. 451-99, s. 42.

§ 3. — *Contribution to the advancement of the profession*

43. A respiratory therapist shall, insofar as he is able, contribute to the development of his profession by sharing his knowledge and experience with colleagues and students and by taking part in the activities, courses, and refresher training periods organized by members of the Order.

O.C. 451-99, s. 43.

DIVISION IV

CONDITIONS, RESTRICTIONS, AND OBLIGATIONS IN RESPECT OF ADVERTISING

44. In all advertising, a respiratory therapist shall indicate his name and his title of respiratory therapist.

O.C. 451-99, s. 44.

45. A respiratory therapist may mention in his advertising any information liable to help the public make a wise choice and to favour access to useful or necessary services.

O.C. 451-99, s. 45.

46. A respiratory therapist shall avoid all advertising that may discredit the image of the profession.

O.C. 451-99, s. 46.

47. No respiratory therapist shall directly or indirectly advertise in such a way as to denigrate or discredit another person, or disparage a service or product provided by such other person.

O.C. 451-99, s. 47.

48. No respiratory therapist shall engage in, or allow the use of, by any means whatever, advertising that is false, misleading, incomplete, or liable to mislead, or that plays on the emotions of the public.

O.C. 451-99, s. 48.

49. No respiratory therapist shall advertise or allow advertising in such a way as to possibly unduly influence persons who may be physically or emotionally vulnerable because of their age, their state of health, or the occurrence of a specific event.

O.C. 451-99, s. 49.

50. Unless a respiratory therapist is able to substantiate them, a respiratory therapist may not make claims to possess special qualities or skills or make representations, in particular as to

(1) the respiratory therapist's level of competence or the scope or effectiveness of his or her services; or

(2) the level of competence or scope or effectiveness of the services of other members of the Order or persons with whom the respiratory therapist practises within a partnership or joint-stock company.

O.C. 1126-2012, s. 10.

51. A respiratory therapist who advertises fees or prices shall do so in a manner that can be understood by members of the public who have no special knowledge of respiratory therapy and he shall

(1) set fixed fees or prices;

(2) specify the nature and scope of the services included in the fees or prices;

(3) indicate whether additional services or products may be required that are not included in the fees or prices;

(4) indicate whether expenses or other disbursements are included in the fees or prices.

The fees or prices must remain in effect for a period of at least 90 days following the date of the last broadcast or publication of the advertisement. However, a lower price may always be agreed upon with a client.

O.C. 451-99, s. 51.

52. When advertising a discount on fees or prices, a respiratory therapist shall state the regular prices and the period during which such discount is valid. This period may be shorter than 90 days.

O.C. 451-99, s. 52.

53. A respiratory therapist shall keep a complete copy of every advertisement in its original form for a period of 5 years following the date of its last broadcast or publication. This copy must be submitted to the secretary or the syndic of the Order upon request.

O.C. 451-99, s. 53.

54. A respiratory therapist practising in partnership is solidarily liable with the other professionals for ensuring observance of the rules respecting advertising, unless he can establish that the advertising was done without his knowledge or consent and in spite of measures taken to ensure observance of these rules.

O.C. 451-99, s. 54.

DIVISION V

USE OF THE GRAPHIC SYMBOL OF THE ORDER

55. Where a respiratory therapist reproduces the graphic symbol of the Order for advertising purposes, he shall ensure that the symbol conforms to the original held by the secretary of the Order.

O.C. 451-99, s. 55.

56. Where a respiratory therapist uses the graphic symbol of the Order for advertising purposes, he shall include the following warning in the advertisement, except on business cards:

“This advertisement does not originate from the Ordre professionnel des inhalothérapeutes du Québec and is the responsibility of its author solely.”

O.C. 451-99, s. 56.

57. Where a respiratory therapist uses the graphic symbol of the Order for advertising purposes, including business cards, he shall not juxtapose or otherwise use the name of the Order, except to indicate that he is a member thereof.

O.C. 451-99, s. 57.

57.1. A respiratory therapist must ensure that the partnership or joint-stock company within which the respiratory therapist practises does not use the graphic symbol of the Order in relation to its advertising or its name unless all services provided by the partnership or joint-stock company are professional respiratory therapy services.

In the case of a partnership or joint-stock company within which professional respiratory therapy services and other professional services are provided, the graphic symbol of the Order may be used in relation to the name or in the advertising of the partnership or joint-stock company on the condition that the graphic symbol identifying each of the professional orders or bodies to which those persons belong is also used.

The graphic symbol of the Order may, however, always be used in relation to the name of a respiratory therapist.

O.C. 1126-2012, s. 11.

DIVISION VI

NAME OF THE PARTNERSHIP OR JOINT-STOCK COMPANY

O.C. 1126-2012, s. 11.

57.2. A respiratory therapist may not practise within a partnership or joint-stock company under a name or designation that is misleading, deceptive or contrary to the honour or dignity of the profession, or that has a numbered name.

O.C. 1126-2012, s. 11.

58. This Regulation replaces the Code of ethics of respiratory therapists of Québec (O.C. 556-88, 88-04-20).

O.C. 451-99, s. 58.

59. *(Omitted).*

O.C. 451-99, s. 59.

UPDATES

O.C. 451-99, 1999 G.O. 2, 1105

O.C. 1297-2001, 2001 G.O. 2, 5879

O.C. 944-2003, 2003 G.O. 2, 2916

O.C. 422-2008, 2008 G.O. 2, 1324

O.C. 1126-2012, 2012 G.O. 2, 3447