



Discontinuing or Declining to Provide Care



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

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Purpose: Our purpose is to protect the public by promoting safe nursing practice.

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Ce fascicule existe en français sous le titre : *Norme d'exercice : Arrêt ou refus de prodiguer des soins*



This College of Nurses of Ontario's (CNO) practice standard outlines nurses' professional accountabilities in specific circumstances related to discontinuing or declining to provide nursing care.¹ Nurses have a professional **duty to provide care** that is accessible, inclusive, culturally safe and free from discrimination. They cannot **abandon** or neglect **clients** to whom they have a commitment to provide care. In situations where a nurse discontinues or declines to provide client care, nurses must carefully evaluate how to ensure the client's ongoing access to care that complies with relevant legislation, professional standards of practice and service agreements. Nurses must consider their decisions' potential impacts on the client and must consider discontinuing or declining to provide care only once all other options are explored.

Bolded terms are defined in the glossary.

Discontinuing nursing care

Nursing care is discontinued for various reasons, such as retirement or a change of practice setting. Nursing care is sometimes also discontinued when there is a significant breakdown in the **therapeutic nurse-client relationship**,² to the point that a nurse can no longer meet their professional obligations toward the client. This occurs when one or more of the components of the therapeutic nurse-client relationship (that is, trust, respect, empathy, power and professional intimacy)³ are significantly damaged.

Declining to provide care

Nurses may contemplate declining to provide care in situations that are beyond their **competence**, where a **conflict of interest** such as **conscientious objection** exists, or if they believe the situation poses an unacceptable level of risk to them or their client, including abuse or threatening language.

¹ In this document 'nursing care' also refers to 'nursing services' as outlined in the *Nursing Act, 1991*.

^{2,3} See CNO's [Therapeutic Nurse-Client Relationship](#) practice standard

The **professional misconduct** regulation⁴ under the *Nursing Act, 1991*, lists acts or conduct that constitute professional misconduct. Under paragraph 1(5) of the regulation, it is an act of professional misconduct⁵ to discontinue professional services that are needed unless: the client requests the discontinuation, alternative or replacement services are arranged, or the client is given a reasonable opportunity to arrange alternative or replacement services (see [Additional Information](#) for this and other relevant acts of professional misconduct).

This standard expands on the accountabilities found in the professional misconduct regulation and in the [Code of Conduct](#) (the Code), which is the central practice standard for nurses in Ontario. Nurses are expected to practice in compliance with relevant legislation, the Code and all other [standards of practice of the profession](#). Contravening legislation or failing to meet the standards of practice might constitute professional misconduct.

To meet the expectations for this standard, nurses must consider the following key principles:



Professionalism

Nurses promote dignity and respect for the nursing profession and are accountable for providing safe, effective and ethical client care.



Communication

Nurses ensure clear communication with the client, **health care team** and employer when considering discontinuing or declining to provide care.



Safety

Nurses ensure client safety is the priority in any care situation.

Each principle includes a set of nursing accountabilities, which are described in this standard.

⁴ See O. Reg. 799/93

⁵ See subsection 1(5) of O. Reg. 799/93



Professionalism is a foundational principle of nursing practice. It encompasses a range of conduct, behaviour and practice accountabilities that shape a nurse’s interaction within the health care environment. Nurses must demonstrate professionalism when discontinuing or declining to provide care. This includes demonstrating integrity in their behaviours and interactions with their clients, the health care team and their employer in adhering to specific accountabilities that ensure responsible conduct and equitable access to care.

Inclusive and Culturally Safe Care

Nurses must prioritize the needs of their clients ensuring that their practice aligns with principles of diversity, equity and inclusion. Nurses must maintain conduct that meets the standards of safe, compassionate, equitable and discrimination-free care, as outlined in the Code of Conduct. Furthermore, the Ontario Human Rights Code prohibits nurses from discriminating based on all **personal attributes** (such as race, gender, age or disability) when providing nursing services.

Conscientious Objection

Conscientious objection⁶ refers to a situation when a nurse objects to certain medical procedures or aspects of care, based on the nurse’s religion or conscience. This objection must not be based on fear, prejudice or convenience.

⁶ For more information regarding conscientious objection in medical assistance in dying (MAID) please see CNO’s [*Guidance on Nurses’ Roles in Medical Assistance in Dying*](#)

PROFESSIONALISM

CNO recognizes that nurses have the right to limit the care they provide for reasons of conscience or religion; however, this must be balanced against the right of clients to access care. In these situations, nurses must

- ensure their objections do not impede a client's access to care
- facilitate an **effective referral** to a non-objecting alternative provider or agency
- maintain respectful communication with the client

When alternative arrangements cannot be made, it is important to note that the client's right to receive care takes precedence over the nurse's right to limit care based on conscientious objections⁷. Nurses should engage in thoughtful consultation with their employer and health care team as necessary to uphold the standards of practice of the profession, while balancing the rights of both the client and their own conscientious or religious objections.

Nursing Accountabilities

- Nurses apply their clinical judgment in assessing situations of conflict and collaborate with the client and the employer to determine the most appropriate solutions.
- Nurses carefully navigate potential conflicts arising from differences in opinions, as they cannot discontinue or decline to provide care solely based on differences of opinion.
- Nurses take reasonable steps to prevent harm to clients who could be affected by the nurse's actions, inactions or decisions.
- Nurses respect clients' care preferences, choices and decisions, and act in the best interest of clients with empathy and compassion.
- Nurses who conscientiously object to specific aspects of care must uphold their professional accountabilities by promptly initiating discussions with their employer and health care team regarding their concerns and ensuring the client maintains access to the required health services.
- Nurses discontinue care if the client requests it. Nurses who discontinue or decline to provide care without the client requesting it must continue to provide professional services until alternative or replacement services are arranged, or the client is given a reasonable opportunity to arrange alternative or replacement services.
- Nurses prioritize continuity of care and seamless transitions ensuring an effective referral, while providing accurate, impartial health information without moral judgment.

⁷ *Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario*, 2019 ONCA 393 (CanLII)



COMMUNICATION

Effective communication facilitates continuity of care by providing essential information to clients, the health care team and employers. Clear and timely communication mitigates potential risks associated with discontinuing or declining to provide care. Nurses use a wide range of effective communication strategies and interpersonal skills appropriately to establish, maintain, re-establish and discontinue the therapeutic nurse-client relationship.

Nursing Accountabilities

- Nurses discuss with their employer, health care team and the client any conflicts or differences of opinion that arise in a timely and effective manner.
- Nurses work to develop and implement strategies to resolve issues that may impact the therapeutic nurse-client relationship wherever feasible.
- Nurses must, in situations where there has been a significant breakdown in the therapeutic nurse-client relationship, make reasonable efforts to communicate to the client the expectations about respectful behaviours.
- Nurses inform the client and work with the health care team when discontinuing or declining to provide care.
- Nurses document the reason for discontinuing or declining to provide care, the actions they took to resolve the issue and the referral or transfer of care to another health care provider.



A quality practice setting supports nursing practice, fosters professional development and promotes the delivery of quality care. Client safety is always the priority in any nursing care situation. Nurses ensure high-quality care by upholding their professional obligations and working within their scope of practice. Nurses may encounter challenges in delivering safe care due to unsafe conditions within the environment, for example, staffing shortages where nurses are required to adjust priorities to meet client needs through teamwork and collaboration. If the environment becomes unsafe due to factors, such as a natural disaster, nurses are not expected to risk their lives but must make reasonable efforts to ensure client safety.

Violence

When nurses witness acts of **violence**, intimidation or discrimination against clients, the health care team or others, they must take necessary and reasonable steps to stop and address these acts (for example, reporting or offering support) in a manner that does not compromise the safety of themselves or others.

Nurses also may encounter unacceptable levels of violence in their workplace, which can cause significant risks to their well-being. Nurses are not obligated to endure such situations and should take appropriate measures to mitigate any potential harm to themselves or others.

SAFETY

Nursing Accountabilities

- Nurses advocate for quality practice settings and promote and support strategies for safe client care.
- Nurses proactively identify safety risks to themselves, clients or the health care team and communicate in a timely manner with their broader health care team and employer.
- Nurses self-reflect and report when their health or wellness is compromised while providing nursing care and they coordinate with their health care team and employer to identify solutions for continuity of care.
- Nurses recognize the limits of their competence and collaborate with the health care team or employer in a timely manner to determine how best to meet the client's needs.
- Nurses self-reflect on their practice, identify learning needs and pursue training and education to improve their competence.
- Nurses report incidents of unsafe practice or unethical conduct of a health care provider to their employer or other authority responsible for the health care provider, or to CNO.⁸

⁸ See subsection 1 (25) of O. Reg. 799/93



Employers are important system partners and share responsibility for client safety. Employers are responsible for establishing a work environment that supports safe and effective client care, including safe staffing practices. They also ensure that nurses have access to the necessary resources and support, such as policies and procedures, to help the nurse meet their professional standards of practice. CNO does not regulate employers or organizations; however, CNO encourages policies that prioritize, support and enable client safety.

Nurses can also be employers, including when operating an independent practice. In these circumstances, nurses are accountable for meeting both the standards of practice of the profession as nurses as well as their responsibilities as employers, such as setting policies and procedures for safe practice.

There are specific statutes, such as the *Employment Standards Act, 2000* and the *Occupational Health and Safety Act, 1990*, that may apply when a nurse is considering discontinuing or declining to provide care.

Nurses' employment responsibilities are outlined in employment contracts and collective agreements. Nurses should review their employment accountabilities when considering discontinuing or declining to provide care.

PARTNERS IN CLIENT SAFETY

Abandon/abandonment: When a nurse inappropriately discontinues the nurse-client relationship as outlined in the Professional Misconduct regulation [subsection 1(5)] under the *Nursing Act, 1991*

Client: An individual, family, group, community or population, including but not limited to, “patients” or “residents”

Competence: The knowledge, skill and judgment required to perform an activity safely and manage outcomes within a nurse’s role and practice setting

Conflict of interest: When a nurse’s personal interests improperly influence their professional judgment or conflict with their duty to act in clients’ best interest, including financial and nonfinancial benefits, whether direct or indirect

Conscientious objection: An objection to providing or participating in specific procedures or aspects of client care because of the nurse’s conscience or religion. The objection must not be based on fear, prejudice or convenience (for example, protected human rights grounds, such as race, gender, age or ability). Conscientious objections are objections to the procedure or aspect of client care, not objections to the client requesting the care. Nurses who conscientiously object must ensure timely referral or an alternative care replacement is implemented

Duty to provide care: Refers to a nurse’s professional obligation and commitment to providing persons receiving care with safe, competent, compassionate and ethical care

Effective referral: Taking positive action to ensure the client is connected in a timely manner to a non-objecting, available and accessible nurse, other health-care professional or persons capable of providing health service

Health care team: Members of the intra-professional or interprofessional team or community supporting client care, including students, learners, Indigenous and traditional healers

Personal attributes: Qualities or characteristics unique to a person. As reflected in protected grounds under the [Ontario Human Rights Code](#), which include citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, gender expression, receipt of public assistance (in housing) and record of offenses (in employment). Personal attributes also include political affiliation, income and social status

Professional misconduct: An act or omission that contravenes nurses' legislated obligations or the standards of practice and ethics of the profession. Professional misconduct is defined in section 51(1) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professionals Act, 1991*, and further described in the Professional Misconduct regulation (O. Reg. 799/93) under the *Nursing Act, 1991*

Therapeutic nurse-client relationship: A professional relationship between a nurse and a client, which focuses on meeting the client's health needs. There are five components to the nurse-client relationship: trust, respect, professional intimacy, empathy and power

Violence: The intentional use of force or power, threatened or actual, against oneself, another person or a group or community. It can take many forms, including verbal, emotional, physical, neglect, sexual and financial and can result in physical injury, psychological harm or even death. It can be defined as any act in which a person is abused, threatened, intimidated or assaulted.^{9,10,11} Examples include the following:

- Threatening behaviour – such as shaking fists, destroying property or throwing objects
- Verbal or written threats – any expression of an intent to inflict harm
- Emotional abuse – swearing, insults or demeaning language
- Physical attacks – hitting, shoving, pushing or kicking

⁹ See *Therapeutic Nurse-Client Relationship* practice standard

¹⁰ World Health Organization. 2022. *Violence Info Methodology*.

¹¹ Canadian Centre for Occupational Health and Safety. [Violence and Harassment in the Workplace](#).

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ADDITIONAL INFORMATION

O. Reg. 799/93: PROFESSIONAL MISCONDUCT

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the *Health Professions Procedural Code* that are relevant to the issue of declining or discontinuing care:

- 1.1 Contravening a standard of practice of the profession or failing to meet the standard of practice of the profession.
- 1.4 Failing to inform the member's employer of the member's inability to accept responsibility in areas where special training is required or where the member is not competent to function without supervision.
- 1.5 Discontinuing professional services that are needed unless
 - i. the client requests the discontinuation
 - ii. alternative or replacement services are arranged
 - iii. the client is given a reasonable opportunity to arrange alternative or replacement services.
- 1.25 Failing to report an incident of unsafe practice or unethical conduct of a health care provider to
 - i. the employer or other authority responsible for the health care provider
 - ii. CNO.
1. 29 Failing to fulfill the terms of an agreement for professional services.
- 1.37 Engaging in conduct or performing an act, relevant to the practice of nursing, that, having regard to all the circumstances, would reasonably be regarded by members, as disgraceful, dishonourable or unprofessional.

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Practice Standard

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