It is no secret that physicians who disagree with an apparent majority of their colleagues, become targets for investigation by regulatory Colleges. Before 2020, Colleges generally investigated allegations of malpractice and unprofessional conduct. In very recent years, as if it needed saying, they took a keen interest in any departure from the zeitgeist. Questions of vaccination and repurposed therapeutics predominated under the COVID regime, but the matter will hardly end there.

We present here a few tips on charting, for the specific situation where your professional opinion differs from that of the physicians on television and in government roles. This is presumably a small portion of anyone's practice, but one that comes with outsize risks. Needless to say, what follows is not legal advice; just the fruits of your colleagues' College investigations, collected in the hope that your own, should they occur, will go as well as possible.

1. Chart as if the Registrar were looking over your shoulder. Observe the same excellent standard that is rightly demanded of you in ordinary circumstances, but now with a hostile reader in mind, rather than an objective one. Do not relax on this point if a patient happens to be likeminded; physicians have been investigated for treatment with which a competent adult patient was perfectly happy, with a good outcome, when a non-involved family member disagreed.

2. State clearly that your opinion on the matter is the subject of disagreement, and that prominent physicians disagree with you. Consider offering referral for a second opinion (provided of course that the patient is not asking for something inherently unethical); at the very least, point out that the patient has the right to seek one. Document all of the above.

3. Explain and document your reasons for your professional opinion. Where outside resources are available, e.g. a drug monograph stating that the medication in question has not been sufficiently tested in pregnant women, refer to these by name, and maintain copies.

4. Stay familiar with, and rely on, those policies on which the College will rely in investigations. We provide relevant examples from British Columbia at the bottom of the post, but naturally you will want to check your own jurisdiction.

 a. General standards for documentation

 b. Standards for informed consent - See e.g. the BC CDC document below; it is written specifically for vaccination, but the principles are sound, and could be applied more widely. It clearly states (page 7) that all possible adverse events, whether expected and common or severe and (one hopes) less common, must be disclosed. It follows that if it is impossible to estimate frequency, then one must disclose that as well.

 c. Codes of ethics; not infrequently, these make explicit mention of the expectation that unpopular opinions should be identified as such when presented; we know of no such Code that claims physicians must always agree with the majority. The CMA Code of Ethics (para. 41, linked below) is a perfect example.

 d. A CSSEM bonus; don't miss the article on informed consent by Dr. David Morgan, our resident psychiatrist with years of experience as a medical expert witness in court.

When you took the Hippocratic Oath, you swore to act always and only for the good of your patient. You are reading this document because you intend to uphold your oath, no matter the cost. We hope this little post will help to reduce that cost; we pray that nothing will change your willingness to pay it.