



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

REFUSAL TO WORK/PROVIDE CARE

Practice FAQs

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QUESTION

In a situation where patients have very dangerous diseases (like Ebola), do I have the right to refuse to come to work or refuse to care for these individuals?

ANSWER

Providing patient care during a disease outbreak often raises a number of ethical issues, including **Duty to Care**, which is noted in the [Commitment to Ethical Practice](#) document (p. 14). The CRTO's expectation for an RT providing care is that they must be properly licensed and competent to do so. When it comes to whether or not that care is provided, each RT must balance various competing priorities and "*consider the welfare of the patient/client above all else*" – as outlined in the CRTO's [Standards of Practice](#) document (s.4.14).

However, 'refusal to come to work' and 'refusal to provide care' are two slightly different issues. 'Refusal to come to work' is primarily an issue for your employer's human resources department. 'Refusal to provide care' is more complicated because in a hospital, RTs are generally not assigned specific patients and could be required to provide care to anyone in need of their services. If an RT refuses to provide care to a patient in this setting (or discontinue care once it has begun), they must first arrange for a suitable replacement ensuring the patient will not be negatively impacted in any way. This expectation regarding discontinuation of services is also addressed in the '**Ending the RT-Patient/client Relationship**' section of the [Commitment to Ethical Practice](#) guideline (p. 17).

As much as possible, the best solution in a situation where patients have dangerous diseases is to ensure that you have the necessary training and equipment in advance – enabling you to care for any patient in a manner that preserves both their safety and your own.