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## **COS Position Statement: Conflicts of Interest in Clinical Practice**

The Canadian Ophthalmological Society (COS) is committed to promoting the highest standards of professionalism, patient-centred care, ethical conduct, and public trust in ophthalmology.

As ophthalmic technologies, products, services, and models of care continue to evolve across Canada, ophthalmologists increasingly encounter complex financial, commercial, and operational relationships involving suppliers, manufacturers, distributors, surgical facilities, health authorities, and other healthcare stakeholders.

This document outlines professional and ethical considerations related to intraocular lenses (IOLs), particularly where insured and patient-funded options coexist. It is intended to help ophthalmologists recognize and appropriately manage potential conflicts of interest in clinical practice. While focused on IOLs, the underlying principles remain relevant to other clinical settings involving financial or commercial interests.

As Canada's national specialty society for ophthalmology, COS has a role in providing professional and ethical guidance across jurisdictions and practice settings without substituting the standards and authority of provincial and territorial regulatory bodies.

### **Context**

Cataract surgery is among the most frequently performed surgical procedures in Canada. Provincial and territorial health insurance plans fund medically necessary cataract surgery and standard intraocular lenses, while a range of additional lens technologies and related services may be available to patients at their own expense.

Clinical decisions must always be guided by sound medical judgment, the best interests of patients, and the professional independence of the ophthalmologist. The legal and regulatory framework governing the supply of intraocular lenses and other devices differs materially across Canada. Members remain responsible for understanding and complying with the requirements of the jurisdiction in which they practise.

The permissibility of offering, supplying, or deriving financial benefit from patient-funded IOL options depends on the applicable jurisdictional requirements and the specific circumstances of the arrangement.

This statement provides an overview of relevant provincial and territorial regulatory guidance on conflicts of interest, uninsured products and services, and interactions with industry.

## **Professional and Ethical Principles**

### ***Primacy of patient welfare***

The ophthalmologist's primary professional obligation is to the patient. Recommendations regarding intraocular lenses should be based upon clinical appropriateness, the best available evidence, the patient's ocular circumstances, visual needs and goals, and the patient's informed preferences. Where personal, financial, commercial, organizational or other secondary interests intersect with patient care, the patient's welfare must remain paramount.

### ***Independent clinical judgment***

Professional independence is fundamental to the physician-patient relationship. Recommendations regarding intraocular lenses and associated technologies or services should be based upon clinically relevant considerations and the individual patient's circumstances. Financial incentives, commercial relationships, purchasing arrangements, contractual commitments and organizational pressures should not determine which clinically appropriate options are presented or recommended.

Ophthalmologists who hold leadership, governance or management responsibilities should also consider whether organizational policies, incentives or expectations could compromise independent clinical judgment or meaningful patient choice and take appropriate steps within the scope of their roles to address identified concerns.

### ***Meaningful informed patient choice***

The discussion of intraocular lens options is fundamentally a consent discussion rather than a sales interaction. Patients should receive balanced, accurate and understandable information about clinically appropriate options, including their potential benefits, risks, limitations, reasonable alternatives and associated costs. The publicly insured option should remain a genuine choice and should not be presented in a manner that suggests an inferior standard of surgical care.

Where uninsured options are discussed, patients should have sufficient information and opportunity to make a voluntary decision without coercion, pressure or undue influence. Where staff or other members of the healthcare team participate in patient education regarding IOL options, the ophthalmologist remains responsible for ensuring that

information relevant to informed consent is accurate and balanced, consistent with applicable professional and regulatory requirements.

### ***Recognition and management of conflicts of interest***

Conflicts of interest may be actual, potential or perceived and do not necessarily imply improper conduct. Ophthalmologists should seek to avoid conflicts where reasonably possible and recognize and appropriately manage those that cannot be avoided, in accordance with applicable professional, regulatory, institutional and legal requirements. Disclosure is an important component of transparency, but disclosure alone does not necessarily resolve a conflict of interest or relieve the ophthalmologist of responsibility for maintaining independent clinical judgment.

### ***Transparency and public trust***

Patients should be able to understand what is being recommended, why it is being recommended, what reasonable alternatives exist and what costs they may incur. Relationships or interests that could reasonably be considered relevant to a patient's understanding of a clinical recommendation should be disclosed in accordance with applicable professional and regulatory requirements as noted above.

In considering a financial, commercial or organizational arrangement, ophthalmologists should consider not only whether it is permissible within their jurisdiction but also whether it could reasonably cause a patient to question the independence of the clinical recommendation.

Where disclosure is warranted, it should be specific, timely and understandable, and occur before the patient makes the relevant treatment decision. Where appropriate, the disclosure and any steps taken to manage the conflict should also be documented in accordance with applicable requirements.

### ***Appropriate relationships with industry***

COS recognizes that appropriate collaboration between ophthalmologists and industry contributes importantly to innovation, research, education and the development and evaluation of new technologies. Consulting, advisory work, research participation, education and device evaluation are legitimate professional activities when they have a genuine professional purpose and are conducted in accordance with applicable professional, regulatory, institutional and legal requirements. Such relationships should preserve the ophthalmologist's independent clinical judgment and maintain the primacy of the patient's interests.

### ***Core Ethical Expectations***

In all circumstances, ophthalmologists have a professional responsibility to ensure that clinical decisions are guided by the patient's best interests rather than personal, financial, or commercial considerations. Patients must have access to a clinically appropriate publicly insured option, and a decision not to purchase uninsured products or services

must not compromise the quality or accessibility of their care. Recommendations must reflect individual clinical circumstances, informed patient preferences, and independent professional judgment. Financial arrangements with manufacturers, suppliers, or other commercial entities, including rebates, discounts, or incentives linked to purchasing volumes or product selection, must not influence clinical recommendations or compromise meaningful patient choice.

Fees for uninsured services should reasonably reflect the additional professional work, expertise, resources, and responsibilities involved, consistent with applicable regulatory requirements. Disclosure of a financial interest does not, in itself, resolve an ethical conflict. Where uncertainty exists about the appropriateness of an arrangement, ophthalmologists should seek guidance from their provincial or territorial regulatory authority, institution, or legal counsel.

### ***Provincial and Territorial Regulatory Guidance***

The regulation of medical practice, conflicts of interest, uninsured services, relationships with industry, and the sale or supply of medical products and devices varies across Canada. COS does not seek to interpret or replace these jurisdiction-specific requirements. Ophthalmologists should consult the current standards and policies of the regulatory authority in the jurisdiction in which they practise.

The following resources are provided as references to assist COS members in navigating relevant regulatory guidance. This list is not exhaustive and does not constitute an interpretation by COS of the requirements outlined in these resources.

| Jurisdiction     | Regulatory authority                                   | Relevant guidance                                                                                                                                                                                                            |
|------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| British Columbia | College of Physicians and Surgeons of British Columbia | <a href="#">Conflict of Interest</a> ;<br><a href="#">Promotion and Sale of Medical Supplies and Devices</a> ;<br><a href="#">CPSBC standards and guidelines</a><br><a href="#">Charging for Uninsured Services Standard</a> |

| Jurisdiction | Regulatory authority                               | Relevant guidance                                                                                                                                                                                                                                                                                                                 |
|--------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alberta      | College of Physicians and Surgeons of Alberta      | <a href="#">Conflict of Interest / Standards of Practice</a> ;<br><br><a href="#">Sale of Products by Physicians</a> ;<br><a href="#">Relationships with Industry</a><br><br><a href="#">Charging for Uninsured Professional Services</a><br><br><a href="#">Conflicts of Interest and Physician's Relationship with Industry</a> |
| Saskatchewan | College of Physicians and Surgeons of Saskatchewan | <a href="#">Sale of Products by Physicians</a> ; <a href="#">CPSS policies and guidelines</a><br><br><a href="#">9.1 Conflict of Interest</a><br><br><a href="#">Uninsured Services (to be reviewed September 2026)</a>                                                                                                           |
| Manitoba     | College of Physicians and Surgeons of Manitoba     | <a href="#">Conflict of Interest</a> ; <a href="#">Standards of Practice of Medicine</a><br><br><a href="#">Conflict of Interest</a><br><br><a href="#">Interactions between the Max Rady College of Medicine and health-related industries</a>                                                                                   |
| Ontario      | College of Physicians and Surgeons of Ontario      | <a href="#">Conflicts of Interest and Industry Relationships</a> ;<br><br><a href="#">Advice to the Profession</a> ; <a href="#">Policies, including Uninsured Services</a><br><br><a href="#">Uninsured services, Billing and Block fees</a>                                                                                     |
| Québec       | Collège des médecins du Québec                     | <a href="#">CMQ — practice regulations and obligations</a> ;<br><br><a href="#">Code de déontologie des médecins (LégisQuébec)</a><br><br><a href="#">Facturation des frais accessoires et des services non assuré</a>                                                                                                            |

| Jurisdiction                               | Regulatory authority                                                              | Relevant guidance                                                                                                                                                                                                                               |
|--------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Brunswick                              | College of Physicians and Surgeons of New Brunswick                               | <a href="#">CMA Code of Ethics and Professionalism</a><br><br><a href="#">Professional Standards</a><br><br><a href="#">Charging for Uninsured Services</a>                                                                                     |
| Nova Scotia                                | College of Physicians and Surgeons of Nova Scotia                                 | <a href="#">Conflict of Interest; Sale of Products and Services to Patients;</a><br><br><a href="#">Billing;</a><br><br><a href="#">Interest or Ownership in a Facility or Enterprise</a><br><br><a href="#">Conflict of Interest Standards</a> |
| Prince Edward Island                       | College of Physicians and Surgeons of Prince Edward Island                        | <a href="#">Charging for Uninsured Services (Oct. 2025);</a><br><br><a href="#">Informed Patient Consent to Treatment (Oct. 2025);</a><br><br><a href="#">Policies</a><br><br><a href="#">Conflict of interest: CMA Code of Ethics</a>          |
| Newfoundland and Labrador                  | College of Physicians and Surgeons of Newfoundland and Labrador                   | <a href="#">Standards of Practice and Practice Guidelines</a><br><br><a href="#">Standard of Practice: Conflict of Interest</a>                                                                                                                 |
| Yukon                                      | Yukon Medical Council                                                             | <a href="#">Legislation and standards; Conflict of Interest</a>                                                                                                                                                                                 |
| Northwest Territories                      | Government of the Northwest Territories, Department of Health and Social Services | <a href="#">Medical licence — standards and legislation; NWT Standards of Practice for Physicians</a>                                                                                                                                           |
| Nunavut                                    | Government of Nunavut                                                             | <a href="https://www.nunavutlegislation.ca/en/consolidated-law/medical-profession-regulations-0">https://www.nunavutlegislation.ca/en/consolidated-law/medical-profession-regulations-0</a>                                                     |
| Additional national professional resources | Royal College of Physicians and Surgeons of Canada                                | <a href="#">Royal College Policy on Conflicts of Interest (Competing Interests)</a><br><br><a href="#">How to avoid conflicts of interest</a>                                                                                                   |