

July 25, 2014

To: The Council of the College of Physicians and Surgeons of Ontario

Re: Feedback for the CPSO policy review for “Physicians and the Ontario Human Rights Code”

I urge the Council to uphold and respect the freedom of physicians to practice their profession without violating their conscience or moral and ethical beliefs. Mutual respect and trust form the foundation of a healthy patient-doctor relationship. Where there is disagreement, patients and doctors must each have the liberty to express their views in respectful dialogue, in a setting free of coercion.

Freedom of conscience and religion are fundamental Canadian values as enshrined in Section 2 of the Canadian Charter of Rights and Freedoms. These rights are the foundation upon which a healthy, free, and democratic society is built and must neither be taken lightly, nor for granted. When physicians, after deep reflection, decline to provide a service that they understand to be harmful, the freedom of their patients to seek care from alternative providers is preserved. Can we not find acceptable solutions to conflicting views between doctors and patients without taking away the fundamental freedoms of either party? I believe we can, and that it would be in the best interest of all that we do.

The debate over this issue has largely revolved around three Ottawa physicians who decline to provide prescriptions for contraceptive pills due to reasons of medical judgment, professional ethical concerns, and religious values. Some members of the public are calling for policy changes that would force physicians to provide or refer for all legally sanctioned non-emergency medical services, regardless of a physician’s conscientious objections to such services. It is important to note, however, that the restriction of physicians’ freedom of conscience, which encompasses medical, moral and ethical judgments, has serious implications that extend far beyond the prescription of contraceptive pills.

One must consider that the practice of medicine is often fraught with moral and ethical dilemmas that require careful deliberation to discern a right course of action. Expecting physicians to practice medicine in a way that violates their conscience and deeply held moral convictions is equivalent to expecting physicians to do what they believe to be wrong or harmful under threat of professional sanction. This is a form of tyranny that puts at risk the moral integrity of the practice of medicine. Good medical practice depends upon the ethical and clinical judgments of physicians, and not simply what a patient may request.

There is an increasing trend toward legalizing physician-assisted suicide as part of “medical treatment”. The province of Quebec recently passed Bill 52, “An Act Respecting End-of-Life Care”, and it is foreseeable that physician-assisted suicide will eventually be legalized in other parts of Canada, including Ontario. For many physicians, intentionally killing another person violates their conscience and personal ethical values. As a resident physician specializing in psychiatry, I believe that intentionally ending the life of another human being degrades the inherent dignity of human life and undermines the foundation for human rights in society. It also erodes the trust placed in physicians to treat each patient with compassion and respect, and violates the ethic of protecting human life - an ethic shared by many whether they ascribe to a

particular faith or not. Most troubling, it undermines the effectiveness of psychiatric work in suicide prevention. While I strive to accompany my patients through their suffering without abandoning them, and assist in finding ways to minimize or make tolerable the physical, mental, and spiritual pain that led to their request for death, I cannot in good conscience assist them with their request for suicide, nor refer them to a person for the specific purpose of having them killed without violating my conscience and ethical standards. I would sooner seek to provide my services in another jurisdiction where my conscience and integrity as a person and as a physician are respected.

I hope that the CPSO will deliberate carefully upon the serious implications that restricting a physician's freedom of conscience will have upon the practice of medicine, and urge the Council to uphold policy guidelines that will respect these fundamental freedoms in the best interest of all.

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