



August 22, 2008

Andréa Foti
College of Physicians and Surgeons of Ontario
80 College Street, Toronto, Ontario, M5G 2E2

Dear Ms. Foti,

I recently read the CPSO's draft policy document, "Physicians and the Ontario Human Rights Code." In reviewing the document I was struck by its intolerance towards the deeply-held, truth-based beliefs of physicians. I therefore am writing, on behalf of the Canadian Centre for Bio-Ethical Reform, to express our reasons for concern and to appeal to the CPSO to reject its draft.

The draft says, in part,

Personal beliefs and values and cultural and religious practices are central to the lives of physicians and their patients. However, **as a physician's responsibility is to place the needs of the patient first, there will be times when it may be necessary for physicians to set aside their personal beliefs in order to ensure that patients or potential patients are provided with the medical treatment and services they require** [emphasis added] (p. 4).

Then, when the draft refers to Court decisions considering cases where equality rights clash with religious freedoms, it says,

These principles appear to be generally applicable to circumstances in which a physician's religious beliefs conflict with a patient's need **or desire** [emphasis added] for medical procedures or treatments (p. 6).

What is particularly disconcerting about the draft's standards is how they could be referenced, for example, regarding the matter of abortion. Here is a case in point: a physician may hold the belief that sex-selection abortion is wrong. If she has a pregnant patient whose culture prefers male children over female children, she should not have to violate her beliefs by facilitating (e.g., through referral) that patient's abortion. Yet, your policy seems to indicate she should.

Or to site another example, an abortion-provider in British Columbia performed an abortion on a patient who felt her pregnancy interfered with a planned trip to Hawaii. Many medical professionals would disagree with that and they should not have to facilitate this behavior to which their consciences object. Even referring the patient to another physician to perform the abortion would be to bear some participation with that abortion.

To support abortion would be to violate that physician's oath to "do no harm." It would also be to show disregard for her patients—the patient in-utero (confirmed by science to be a human being at fertilization) whose life would be ended by abortion and her pregnant patient, whose life would be negatively impacted by abortion. In fact, it would be this kind of physician who is truly placing "the

needs of the patient first.” It would be this kind of physician who rejects killing one patient as a way of dealing with the difficult life circumstances of another patient. This kind of physician looks for ways to help her pregnant patient without harming that patient’s offspring.

In your online brochure, “We Care About Your Care,” you state,

For more than 125 years, the College of Physicians and Surgeons of Ontario, the self-regulatory body for the medical profession, has been ‘protecting the public and guiding the profession’ and helping to ensure that Ontario’s doctors and the care they give are the best.

If you are to truly live up to the claim that “Ontario’s doctors and the care they give are the best,” then it is essential you protect Ontario doctors’ consciences. To strip a physician of his right to refuse involvement with immoral practices is to demand that physicians act without integrity—and that is hardly providing patients the best care.

Recently, medical students at the University of British Columbia were assigned to read “Without Conscience” by Elie Wiesel (New England Journal of Medicine, April 14, 2005). Wiesel reflects on the role physicians played in paving the way for the Holocaust. He states,

Inspired by Nazi ideology and implemented by its apostles, eugenics and euthanasia in the late 1930s and early 1940s served no social necessity and had no scientific justification. Like a poison, they ultimately contaminated all intellectual activity in Germany. **But the doctors were the precursors** [emphasis added]. How can we explain their betrayal? What made them forget or eclipse the Hippocratic Oath? What gagged their conscience? What happened to their humanity?

One day, Hitler and Himmler’s health minister made it known to leaders in the medical field that, according to a secret decision made at the highest level, it was necessary to get rid of “useless mouths” —the insane, the terminally ill, children, and elderly people who were condemned to misfortune by nature and to suffering and fear by God. Few in the German medical profession believed it worthy or good to refuse.

Thus, instead of doing their job, instead of bringing assistance and comfort to the sick people who needed them most, instead of helping the mutilated and the handicapped to live, eat, and hope one more day, one more hour, doctors became their executioners.

It is worth considering Wiesel’s reflection in light of the CPSO draft: were Nazi ideology to dominate today, the CPSO draft, in its demand for conformity, would prevent physicians who opposed the unjust regime from acting against it. If a parent, under such a Nazi regime, brought his handicapped child to a physician demanding that the child be euthanized, a physician forced to live under the CPSO draft policy would have to act on—or refer for—the patient’s wishes, or risk “professional misconduct” charges.

If anyone is guilty of professional misconduct, it is the CPSO for its repressive and intolerant draft policy.

Sincerely,



Stephanie Gray
Executive Director