

Appendix C

Draft, Physicians and the Ontario *Human Rights Code* Policy
Summary of Themes raised in Consultation Feedback
Policy Consultation: June-September 2008

Topic	Theme(s)	Respondents
General Comments	<p>1. The CPSO should not have a policy on human rights.</p> <ul style="list-style-type: none"> • Policy is not necessary, or is redundant • CPSO is overstepping its role as a regulator • The <i>Human Rights Code</i> is not valid law <p>2. The CPSO should not align itself with the Human Rights Commission, or Tribunal</p> <ul style="list-style-type: none"> • The Commission and Tribunal are problematic entities, in need of reform. <p>3. Based on draft policy content related to moral or religious beliefs, CPSO is compared to Hitler, Stalin, Robert Mugabe</p> <p>4. Draft policy is excellent, helpful to physicians, reflects common sense.</p>	<p>Physicians, Organizations, Public</p> <p>Physicians, Organizations, Public</p> <p>Physicians, Organizations, Public</p> <p>Physicians, Bioethicist</p>
Moral or Religious Beliefs	<p><u>A. GENERAL COMMENTS</u></p> <p><u>Objections</u></p> <p>1. Draft policy violates physicians' freedom of religion and conscience because it:</p> <ul style="list-style-type: none"> • Will force physicians to provide medical services that are against their beliefs • Threatens physicians with sanctions for acting in accordance with their beliefs <p>2. Draft policy prevents physicians from exercising professional judgement: moral or religious beliefs inform professional judgement.</p> <p>3. Draft policy conflicts with the Hippocratic Oath</p>	<p>Physicians, Public, Organizations, Religious Figures</p> <p>Physicians, Public</p> <p>Physicians, Public, Organizations</p>

Topic	Theme(s)	Respondents
Moral or Religious Beliefs (cont'd)	4. Draft policy will exacerbate the physician shortage, and will have a negative impact on physician recruitment in Ontario	Physicians, Public, Organizations
	5. Physicians should never have to set aside their moral or religious beliefs. <ul style="list-style-type: none"> • Requiring them to do so is discriminatory, will be harmful for physicians and their patients, will interfere with good medical practice 	Physicians, Public, Organizations, Religious Figures (5&6)
	6. Draft policy prioritizes patients' rights over physicians' rights	
	<u>Support</u>	
	1. Draft policy content is reasonable	Physicians
	2. Moral or religious beliefs have no place in the provision of health care; physicians should rely on clinical judgement, science.	Physicians, Public
	3. Conscientious refusals should be limited if they constitute an imposition of religious or moral beliefs on patients.	Physician
	4. In a publicly-funded health care system, physicians' beliefs should not be imposed on patients during a clinical encounter.	Physician
	<u>B. COMMENTS ON SPECIFIC DRAFT POLICY CONTENT</u>	
	1. Draft policy sentence: "However as a physician's responsibility is to place the needs of their patients 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." <p><u>Objections:</u></p> <ul style="list-style-type: none"> • It suggests moral neutrality is possible; • It is impossible to divorce ones' beliefs from ones' conduct • It violates physicians' freedom of religion and conscience; 	Physicians, Public, Organizations, Religious Figures

Topic	Theme(s)	Respondents
Moral or Religious Beliefs (cont'd)	<ul style="list-style-type: none"> • It prioritizes patients' rights over physicians' rights <p>2. Draft policy sentence: "Physicians should be aware that decisions to restrict medical services offered, to accept individuals as patients or to end physician-patient relationships that are based on moral or religious belief may contravene the Code and/or constitute professional misconduct."</p> <p><u>Objections:</u></p> <ul style="list-style-type: none"> • Physicians should never be sanctioned for following their beliefs; • Sentence is threatening, offensive; • Imposing sanctions constitute a violation of guaranteed freedoms of religion and conscience. <p>3. CPSO expectation: "Communicate clearly and promptly about any treatments or procedures the physician chooses not to provide because of his or her moral or religious beliefs."</p> <p><u>Support</u></p> <ul style="list-style-type: none"> • Expectation is reasonable. <p><u>Objection</u></p> <ul style="list-style-type: none"> • Communicating information about objectionable treatment would be contrary to physicians' beliefs. <p>4. CPSO expectation: "Treat patients or potential patients with respect. This means that physicians should not express personal judgements about the beliefs, lifestyle, identity or characteristics of a patient or a potential patient. This also means that physicians should not promote their own religious beliefs when interacting with patients, nor should they seek to convert existing or potential patients to their own religion."</p> <p><u>Objection</u></p> <ul style="list-style-type: none"> • Expectation would <ul style="list-style-type: none"> ○ prevent physicians from praying with patients; ○ prevent physicians from expressing an opinion about clinical risks related 	<p>Physicians, Public, Organizations, Religious Figures</p> <p>Physicians, Organizations</p> <p>Physicians</p> <p>Physicians</p>

Topic	Theme(s)	Respondents
Moral or Religious Beliefs (cont'd)	<p>to lifestyle issues</p> <ul style="list-style-type: none"> ○ prevent physicians from engaging in medical missionary activities <p>5. CPSO expectation: “Advise patients they can see another physician and in some circumstances, help the patient make arrangements to do so.”</p> <p><u>Support</u></p> <ul style="list-style-type: none"> • Expectation is part of physicians’ ethical obligations; failure to do so could compromise patient care or outcomes; • Failure to assist patients is tantamount to abandoning patients; should be considered malpractice; • Expectation should be strengthened, made mandatory. • Expectation is an appropriate compromise: physicians should be permitted to refuse to provide treatment if they refer patients to those who will provide the treatment. <p><u>Objection</u></p> <ul style="list-style-type: none"> • Expectation would make physicians complicit in morally objectionable act; • Assisting patients is morally equivalent to performing the act; expectation violates freedom of religion, conscience; • Expectation is not necessary: accessing care should be patients’ responsibility; patients can easily access abortion services; physicians do not have any greater access to services than do patients. 	<p>Physicians (bullets 1-3); Public, Organizations, Religious Figures (last bullet)</p> <p>Physicians, Public, Organizations, Religious Figures</p>
Accommodation of Disability	<p>1. Policy content needs to be amended to more accurately reflect the requirements of the legal duty to accommodate:</p> <ul style="list-style-type: none"> • standard of undue hardship, • accommodation is part of the obligation not to discriminate <p>2. Guidance should be provided about the process involved in accommodating disability, the specific steps to take to discharge the duty to accommodate</p>	<p>Organizations</p> <p>Organizations</p>

Topic	Theme(s)	Respondents
	<p>3. CPSO should consider broader issues related to disability, such as</p> <ul style="list-style-type: none"> a) based on definition of disability would refusing to provide drug addicted patients with narcotics constitute discrimination b) the extent to which the draft policy accords with the Practice Guide, the <i>Charter</i>, guidance from the World Health Organization, c) standards or requirements related to privacy of information and how they relate to patients in methadone programs; d) the applicability of rulings from the European Court of Human Rights 	Physicians