



## Protection of Conscience Project

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Dr. Shahid Athar, MD  
*Clinical Associate Professor of  
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Indiana School of Medicine,  
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### PROJECT TEAM

**Human Rights Specialist**  
Rocco Mimmo, LLB, LLM  
*Ambrose Centre for Religious  
Liberty,  
Sydney, Australia*

**Administrator**  
Sean Murphy

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# Abortion and Prince Edward Island

## Group encourages complaints against objecting physicians

**Sean Murphy**  
Administrator,  
Protection of Conscience Project

While there is nothing to prevent physicians and hospitals from providing abortion on Prince Edward Island, abortions have not been performed there for almost thirty years. The province has a population of only about 141,000 people, and it seems likely that one of the reasons that abortion is not available on the Island is opposition to the procedure among island residents, including health care workers. Women seeking abortions must go to Halifax, Nova Scotia, or Fredericton, New Brunswick, each about a four hour drive from the centre of the Island. The province will pay for abortions only if done in a Halifax hospital and if a woman is referred by two physicians, one of whom is an administrator who signs off on out-of-province surgery. Women who have abortions in private clinics in Halifax or Fredericton must pay for the procedures themselves (between \$650 and \$800) and are not reimbursed. The province does not cover travel expenses.<sup>1</sup>

In early November, 2011, the P.E.I. Reproductive Rights Organization (PEIRRO) was formed to lobby for easier access to abortion.<sup>2</sup> The group is supported by the province's Green and New Democratic Parties, the Canadian Civil Liberties Association and the Abortion Rights Coalition of Canada.<sup>3</sup> Proposals least likely to impact freedom of conscience for health care workers involve dropping the requirement for physician referrals, paying for abortions done in clinics and paying the associated travel costs.

However, PEIRRO not only seeks access to abortion from those willing to provide or facilitate the procedure, but targets those who are not. It encourages people to make complaints of professional misconduct against physicians who decline to refer for abortion for reasons of conscience.<sup>4</sup> Its website links to a publication<sup>5</sup> from an American group, the National Abortion Federation.<sup>6</sup> The publication claims that the Canadian Medical Association's support for physician freedom of conscience in the case of referral<sup>7</sup> is contrary to its own Code of Ethics. The claim is false.<sup>8</sup>

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ago.

In 1967 the Globe and Mail applauded a government decision "that where religious moralities conflict, the State should support none, but leave the choice to individual conscience," adding that the policy "should also be followed with abortion."<sup>9</sup>

Two years later, in supporting the bill to legalize abortion, the Canadian Welfare Council commented, "At the risk of labouring the obvious, no woman will be required to undergo an abortion, no hospital will be required to provide the facilities for abortion, no doctor or nurse will be required to participate in abortion."<sup>10</sup>

And during the Commons debate, Justice Minister John Turner rejected a protection of conscience amendment - proposed by a "pro-choice" opposition member - because, he said, the proposed law imposed no duty on hospitals to set up committees, imposed no duty on doctors to perform abortions, and did not even impose a duty on doctors to initiate an application for an abortion.<sup>11</sup>

Such statements probably convinced many in the medical profession that they had nothing to fear from legalization of abortion. Forty years ago they could not have imagined that physicians unwilling to provide or facilitate abortion would be called "scum" and told to "resign from medicine and find another job."<sup>12</sup>

Yet this is precisely the attitude that recently led an 'expert panel' of the Royal Society of Canada to recommend that objecting physicians be forced to refer for euthanasia and assisted suicide, should these procedures be legalized. According to the report, physicians who are unwilling to provide what it delicately terms "certain reproductive health services" are obliged to refer patients to others who will. Therefore, physicians who refuse to provide (legal) euthanasia or assisted suicide for patients "are duty-bound to refer them in a timely fashion to a health care professional who will."<sup>13</sup>

The logic of the panel is impeccable, but the conclusion depends on the validity of the first premise: that objecting physicians are obliged to refer patients for abortion. Encountering this serenely confident assertion in the report, one would never know that it is contradicted by the Canadian Medical Association<sup>14</sup> and flatly denied or hotly contested by others. When one of the members of the expert panel, Jocelyn Downie, made such claims in the *Canadian Medical Association Journal*, she was soundly rebuked by physicians, and the CMA responded with an affirmation that referral for abortion is not required.<sup>15</sup>

The response of all physicians to a woman considering an abortion ought to be compassionate, demonstrate care and concern for her and provide sufficient information about legal options to permit her to make an informed decision. An objecting physician must, in addition, do this in a way that does not involve complicity in a patient's decision to choose abortion, something that some may find challenging. Discussion of such difficulties with sympathetic or like-minded colleagues may suggest approaches that will overcome them, benefiting patients and physicians alike.

With some imagination and political will, it ought to be possible to provide access to abortion for PEI residents without suppressing the fundamental freedom of health care professionals. In fact, a legislated guarantee of that freedom could contribute to a resolution of the current controversy. In the meantime, the chances of a resolution will not be improved by specious accusations of professional misconduct.

## Notes

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2. "Abortion rights lobby launches on P.E.I." *CBC News*, 8 November, 2011 (<http://www.cbc.ca/news/politics/story/2011/11/08/pei-abortion-rights-584.html>) Accessed 2011-12-30.
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6. NAF's head office is in Washington, D.C. Two members of its board of directors are from Canada. In 2010, the expenses for its "Canadian Program" amounted to about 6% of its annual budget, more than twice what it cost PEI to provide abortions that year. National Abortion Federation, *Annual Report-2010* ([http://www.prochoice.org/pubs\\_research/publications/downloads/about\\_naf/annual\\_report\\_2010.pdf](http://www.prochoice.org/pubs_research/publications/downloads/about_naf/annual_report_2010.pdf)) Accessed 2012-12-30).
7. Canadian Medical Association, *Induced Abortion* (<http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD88-06.pdf>) Accessed 2011-12-30); *Code of Ethics* (2004), 12.

8. See the discussion under the sub-heading, "Transcendent ethical duties" in Murphy, Sean, *Postscript for the Journal of Obstetrics and Gynaecology Canada: Morgentaler vs. Professors Cook and Dickens*. Protection of Conscience Project.  
(<http://www.consciencelaws.org/issues-legal/legal030.html>)
9. "Now the job is to be done, let it be done right", *Globe and Mail*, 21 December, 1967. Quoted in de Valk, Alphonse, *Morality and Law in Canadian Politics: The Abortion Controversy*. Dorval, Quebec: Palm Publishers, 1974, p. 56
10. Standing Committee on Health and Welfare, *Minutes of Proceedings and Evidence, Appendix "SS": Canadian Welfare Council Statement on Abortion to the House of Commons Standing Committee on Health and Welfare*. February, 1968, p. 707
11. Hansard- *Commons Debates*, 28 April, 1969, p. p. 8058-8059. The amendment had been proposed by Halifax M.P. Robert McCleave. See Hansard- *Commons Debates*, 28 April, 1969, p. 8069.
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([http://www.rsc.ca/documents/RSCEndofLifeReport2011\\_EN\\_Formatted\\_FINAL.pdf](http://www.rsc.ca/documents/RSCEndofLifeReport2011_EN_Formatted_FINAL.pdf)) Accessed 2011-12-31).
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([http://www.consciencelaws.org/media/commentary/commentary-2006.html#Re:\\_Abortion:\\_ensuring\\_access](http://www.consciencelaws.org/media/commentary/commentary-2006.html#Re:_Abortion:_ensuring_access))