

PART I: DISCRIMINATION IN THE PROVISION OF MEDICAL SERVICES

A. MEDICAL REGULATORS - CANADA	
British Columbia	<p>DOCUMENT TYPE: Professional Standards & Guidelines • TITLE: Access to Medical Care • DATE: November 2012</p> <ul style="list-style-type: none"> • Discrimination in the provision of medical services is prohibited in British Columbia under the BC Human Rights Code. • The CMA Code of Ethics provides a similar prohibition against discrimination of patients on the grounds of age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. • Neither the BC Human Rights Code nor the CMA Code of Ethics removes the physician's right to refuse to accept a patient for legitimate reasons, as determined in law. • Other individuals in society, although belonging to less-defined categories, may be vulnerable and marginalized, and also deserving of respectful and fair access to medical services. Refusing to treat anyone in such circumstances violates the medical profession's ethical principles. • Allegations of discrimination are carefully investigated on a case-by-case basis and may be sustained by the College where impact is demonstrated, even if the physician did not intentionally discriminate. • Physicians should note that allegations of discrimination may not only result in complaints to the College, but also to the BC Human Rights Tribunal.
Alberta	N/A
Saskatchewan	<p>DOCUMENT TYPE: Code of Ethics • TITLE: Code of Ethics (Section 17) • DATE: Not Listed</p> <ul style="list-style-type: none"> • In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons.
Manitoba	<p>DOCUMENT TYPE: Statement • TITLE: Discrimination in Access to Physicians • DATE: September 2008</p> <ul style="list-style-type: none"> • Physicians are required by law to provide medical service without discrimination, in accordance with the requirements of the Human Rights Code. Furthermore, physicians as a profession have a collective responsibility to serve the public. Refusing to provide health care to an individual for reasons that are not directly related to the physician's ability to provide quality health care services or for reasons which unreasonably favour the physician's interests over the responsibility of the physician as a member of the profession may compromise the public trust and place an undue burden on colleagues.
Quebec	<p>DOCUMENT TYPE: Code of Ethics • TITLE: Code of Ethics - s. 24 • DATE: Not Listed</p> <ul style="list-style-type: none"> • A physician may not refuse to examine or treat a patient solely for reasons related to the nature of the patient's deficiency or illness, or because of the race, colour, sex, pregnancy, civil status, age, religion, ethnic or national origin, or social condition of the patient, or for reasons of sexual orientation, morality, political convictions, or language; he may, however, refer the patient to another physician if he considers it to be in the patient's medical interest.

Nova Scotia	<p>DOCUMENT TYPE: Policy • TITLE: Accepting New Patients • DATE: October 2011</p> <ul style="list-style-type: none"> The College has endorsed the Canadian Medical Association Code of Ethics (Update 2004), which states: <i>17. In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons.</i> As providers of professional services, physicians are bound by the Nova Scotia <i>Human Rights Act</i>. Failing to abide by the <i>Human Rights Act</i> may result in a complaint to the Nova Scotia Human Rights Commission Decisions to accept or refuse new patients must be made in good faith. Clinical competence and scope of practice must not be used as a means of unfairly refusing patients with complex health care needs or patients who are perceived to be otherwise “difficult”. Clinical competence and scope of practice must be communicated to all individuals who initially inquire about becoming a new patient. This will help determine if it is appropriate for the individual to make an appointment.
New Brunswick	N/A

B. ONTARIO REGULATED HEALTH PROFESSIONS / OTHER STAKEHOLDERS (Canada)

Pharmacists	<p>DOCUMENT TYPE: Code of Ethics • TITLE: Code of Ethics - Principle 4 • DATE: December 2006</p> <ul style="list-style-type: none"> Each member respects the autonomy, individuality and dignity of each patient and provides care with respect for human rights and without discrimination. No patient shall be deprived of access to pharmaceutical services because of the personal convictions or religious beliefs of a member. Where such circumstances occur, the member refers the patient to a pharmacist who can meet the patient's needs.
Nurses	N/A
Midwives	<p>DOCUMENT TYPE: Code of Ethics • TITLE: Code of Ethics - s. 4 • PUBLICATION DATE: 1994</p> <ul style="list-style-type: none"> Provide care which respects individuals' needs, values and dignity, and does not discriminate on the basis of language, culture, age, economic status, sexual orientation, marital status, gender, geographic location, institutionalization, ability, race or religion.
Society of Obstetricians & Gynecologists of Canada	N/A

B. ONTARIO REGULATED HEALTH PROFESSIONS / OTHER STAKEHOLDERS (Canada)	
Canadian Medical Association	<p>DOCUMENT TYPE: Ethical Guide for Physicians • TITLE: Code of Ethics – ss. 9, 17 • DATE: 2004</p> <ul style="list-style-type: none"> • 9. Refuse to participate in or support practices that violate basic human rights. • 17. In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons.

C. INTERNATIONAL COMPARISON: GENERAL MEDICAL COUNCILS	
U.K.	N/A
New Zealand	<p>DOCUMENT TYPE: Not Specified • TITLE: Good Medical Practice – S. 19 • PUBLICATION DATE: April 2013</p> <ul style="list-style-type: none"> • 19. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. Nor should you unfairly discriminate against patients by allowing your personal views to affect your relationship with them.
Australia	<p>DOCUMENT TYPE: National Code for Professional Conduct • TITLE: Good Medical Practice: A Code of Conduct for Doctors in Australia • DATE: 2010</p> <p>Your decisions about patients' access to medical care need to be free from bias and discrimination. Good medical practice involves:</p> <ul style="list-style-type: none"> • 2.4.2 Not prejudicing your patient's care because you believe that a patient's behaviour has contributed to their condition. • 2.4.3 Upholding your duty to your patient and not discriminating on medically irrelevant grounds, including race, religion, sex, disability or other grounds, as described in antidiscrimination legislation.

D. INTERNATIONAL COMPARISON: USA MEDICAL ASSOCIATIONS	
American Medical Association	<p>DOCUMENT TYPE: Opinion • TITLE: Patient-Physician Relationship: Respect for Law and Human Rights • DATE: June 2008</p> <ul style="list-style-type: none"> • A physician may decline to undertake the care of a patient whose medical condition is not within the physician's current competence. However, physicians who offer their services to the public may not decline to accept patients because of race, color, religion, national origin, sexual orientation, gender identity, or any other basis that would constitute invidious discrimination.

PART II: CONSCIENTIOUS OBJECTION

A. MEDICAL REGULATORS - CANADA	
British Columbia	<p>DOCUMENT TYPE: Professional Standards & Guidelines • TITLE: Access to Medical Care • DATE: November 2012</p> <ul style="list-style-type: none"> • The College expects [physicians] to provide patients with enough information and assistance to allow them to make informed choices for themselves. This includes advising patients that other physicians may be available to see them, or suggesting that the patient visit an alternative health care provider. • Referrals: Where needed, physicians must offer assistance and must not abandon the patient.
Alberta	<p>DOCUMENT TYPE: Professional Standard • TITLE: Moral or Religious Beliefs Affecting Medical Care • DATE: April 3 2014</p> <ul style="list-style-type: none"> • A physician must communicate clearly and promptly about any treatments or procedures the physician chooses not to provide because of his or her moral or religious beliefs. • A physician must not withhold information about the existence of a procedure or treatment because providing that procedure or giving advice about it conflicts with their moral or religious beliefs. • A physician must not promote their own moral or religious beliefs when interacting with patients. • Referrals: When moral or religious beliefs prevent a physician from providing or offering access to information about a legally available medical or surgical treatment or service, that physician must ensure that the patient who seeks such advice or medical care is offered timely access to another physician or resource that will provide accurate information about all available medical options.
Saskatchewan	N/A
Manitoba	<p>DOCUMENT TYPE: Statement • TITLE: Discrimination in Access to Physicians • DATE: September 2008</p> <ul style="list-style-type: none"> • A member must communicate clearly and promptly to a patient or prospective patient about any treatment or procedure that the member chooses not to provide because of his or her moral or religious beliefs. • A member must not withhold information about the existence of a procedure or treatment even if providing that procedure or treatment or giving advice about them conflicts with his or her moral or religious beliefs. • A member must not promote his or her own moral or religious beliefs when interacting with a patient. • Referrals: If the moral or religious beliefs of a member prevent him or her from providing or offering access to information about a legally available medical treatment or procedure, the member must ensure that the patient who seeks that advice or medical care is offered timely access to another member or resource that will provide accurate information about all available medical options.

A. MEDICAL REGULATORS - CANADA	
Quebec	<p>DOCUMENT TYPE: Unspecified • TITLE: Conscientious Objection • DATE: Not Listed</p> <ul style="list-style-type: none"> • While physicians must honor their obligation to come to the rescue and assistance of all patients who consult them, they are nonetheless citizens themselves with rights, notably the right to their own beliefs. When their convictions could influence the nature or quality of care provided to a patient, physicians must make sure that they fulfill their ethical obligations. • In this regard, section 24 of the Code of Ethics is clear: <ul style="list-style-type: none"> ○ “A physician must, where his personal convictions prevent him from prescribing or providing professional services that may be appropriate, acquaint his patient with such convictions; he must also advise him of the possible consequences of not receiving such professional services.” • For example, a physician who is opposed to abortion or contraception is free to limit these interventions in a manner that takes into account his or her religious or moral convictions. However, the physician must inform patients of such when they consult for these kinds of professional services and assist them in finding the services requested. • Referrals: The physician must offer to help the patient find another physician.
Nova Scotia	N/A
New Brunswick	<p>DOCUMENT TYPE: Guidelines • TITLE: Moral Factors and Medical Care • DATE: April 2012</p> <ul style="list-style-type: none"> • A physician must communicate clearly and promptly about any treatments or procedures the physician chooses not to provide because of his or her moral or religious beliefs. • A physician must not withhold information about the existence of a procedure or treatment because providing that procedure or giving advice about it conflicts with their moral or religious beliefs. • A physician must not promote their own moral or religious beliefs when interacting with patients. • Referrals: When moral or religious beliefs prevent a physician from providing or offering access to information about a legally available medical or surgical treatment or service, that physician must ensure that the patient who seeks such advice or medical care is offered timely access to another physician or resource that will provide accurate information about all available medical options.

B. ONTARIO REGULATED HEALTH PROFESSIONS / OTHER STAKEHOLDERS (Canada)	
Pharmacists	<p>DOCUMENT TYPE: Position Statement • TITLE: Refusal to Fill for Moral or Religious Reasons • DATE: 2001</p> <ul style="list-style-type: none"> • Pharmacists shall hold the health and safety of the public to be their first consideration in the practice of their profession. • Pharmacists who object, as a matter of conscience, to providing a particular pharmacy product or service must be prepared to explain the basis of their objections. • Objecting pharmacists have a responsibility to participate in a system designed to respect a patient’s right to receive pharmacy products and services. • A pharmacist is permitted to decline providing certain pharmacy products or services if it appears to conflict with the pharmacist’s view of morality or religious beliefs and if the pharmacist believes that his or her conscience will be harmed by providing the product or service. Objections should be conveyed to the pharmacy manager not the patient. • Referrals: The individual pharmacist must ensure an alternate source, to enable the patient to obtain the service or product that they need. Any alternate means must minimize inconvenience or suffering to the patient or patient’s agent.
Nurses	<p>DOCUMENT TYPE: Practice Standard • TITLE: Ethics • DATE: 2009</p> <ul style="list-style-type: none"> • When a client’s wish conflicts with a nurse’s personal values, and the nurse believes that she/he cannot provide care, the nurse needs to arrange for another caregiver and withdraw from the situation. • If no other caregiver can be arranged, the nurse must provide the immediate care required. • If no other solution can be found, the nurse may have to leave a particular place of employment to adhere to her/his personal values.
Midwives	<p>DOCUMENT TYPE: Code of Ethics • TITLE: Code of Ethics - ss. 9,11 & 12 • PUBLICATION DATE: 1994</p> <ul style="list-style-type: none"> • 9. Openly acknowledge to clients and health care practitioners any conscientious objection or conflict of interest, which may affect professional practice or the client’s right to informed choice. • 12. Attempt to provide the best possible care under any circumstance. A midwife may not refuse to attend a client in the course of labour notwithstanding #9. • Referrals: 11. Assist clients to find appropriate alternate care if for any reason she finds herself unable to provide care.

B. ONTARIO REGULATED HEALTH PROFESSIONS / OTHER STAKEHOLDERS (Canada)	
Society of Obstetricians & Gynecologists of Canada	<p>DOCUMENT TYPE: Guidelines • TITLE: Adopted FIGO Guidelines (Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights) • DATE: 2004</p> <ul style="list-style-type: none"> • Assure that a physician’s right to preserve his/her own moral or religious values does not result in the imposition of those personal values on women. • Referrals: Under such circumstances, they should be referred to another suitable health care provider. • Conscientious objection to procedures does not absolve physicians from taking immediate steps in an emergency to ensure that the necessary treatment is given without delay.
Canadian Medical Association	<p>DOCUMENT TYPE: Code of Ethics • TITLE: Code of Ethics - ss. 12,18 & 21 • DATE: 2004</p> <ul style="list-style-type: none"> • 12. Inform your patient when your personal values would influence the recommendation or practice of any medical procedure that the patient needs or wants. • 18. Provide whatever appropriate assistance you can to any person with an urgent need for medical care. • 21. Provide your patients with the information they need to make informed decisions about their medical care, and answer their questions to the best of your ability. <p>DOCUMENT TYPE: Policy • TITLE: End of Life • DATE: 2013</p> <ul style="list-style-type: none"> • The Canadian Medical Association supports the right of any physician to exercise conscientious objection when faced with a request for medical aid in dying. <p>DOCUMENT TYPE: Policy • TITLE: Induced Abortion • DATE: 2013</p> <ul style="list-style-type: none"> • A physician should not be compelled to participate in the termination of a pregnancy. • A physician whose moral or religious beliefs prevent him or her from recommending or performing an abortion should inform the patient of this so that she may consult another physician.

C. INTERNATIONAL COMPARISON: GENERAL MEDICAL COUNCILS (UK/NZ/AUS)	
U.K.	<p>DOCUMENT TYPE: Guidance • TITLE: Good Medical Practice • DATE: April 2013</p> <ul style="list-style-type: none"> • You may choose to opt out of providing a particular procedure because of your personal beliefs and values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients. • Whatever your personal beliefs about the procedure in question, you must be respectful of the patient’s dignity and view. • This means, you must not refuse to treat a particular patient or group of patients because of your personal beliefs or views about them: <ul style="list-style-type: none"> ○ <i>For Example:</i> You must not refuse to provide a patient with medical services because the patient is proposing to undergo, is undergoing, or has undergone gender reassignment. However, you may decide not to provide or refer any patients (including patients proposing to undergo gender reassignment) for particular services to which you hold a conscientious objection, for example, treatments that cause infertility. • You must not refuse to treat the health consequences of lifestyle choices to which you object because of your beliefs. <ul style="list-style-type: none"> ○ <i>For Example:</i> While you may decide not to provide contraception (including emergency contraception) services to any patient, you cannot be willing to prescribe it only for women who live in accordance with your beliefs (e.g. by prescribing for married women but not for unmarried women). • If you have a conscientious objection to a treatment or procedure that may be clinically appropriate for the patient, you must do the following. <ul style="list-style-type: none"> ○ Tell the patient that you do not provide the particular treatment or procedure, being careful not to cause distress. ○ Tell the patient that they have a right to discuss their condition and the options for treatment (including the option that you object to) with another practitioner who does not hold the same objection as you and can advise them about the treatment or procedure you object to. ○ Make sure that the patient has enough information to arrange to see another doctor who does not hold the same objection as you. • Referrals: If it’s not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made – without delay – for another suitably qualified colleague to advise, treat or refer the patient. You must bear in mind the patient’s vulnerability and act promptly to make sure they are not denied appropriate treatment or services. • In emergencies, you must not refuse to provide treatment necessary to save the life of, or prevent serious deterioration in the health of, a person because the treatment conflicts with your personal beliefs.
New Zealand	<p>DOCUMENT TYPE: Not Specified • TITLE: Good Medical Practice – ss. 20 - 21 • DATE: April 2013</p> <ul style="list-style-type: none"> • 20. Your personal beliefs, including political, religious and moral beliefs, should not affect your advice or treatment. If you feel your beliefs might affect the advice or treatment you provide, you must explain this to patients and tell them about their right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right. • 21. Do not express your personal beliefs to your patients in ways that exploit their vulnerability or that are likely to cause them distress.

C. INTERNATIONAL COMPARISON: GENERAL MEDICAL COUNCILS (UK/NZ/AUS)

Australia

GMC

DOCUMENT TYPE: Code of Conduct • TITLE: Decisions About Access to Medical Care – S. 204 • DATE: Not Listed

- Your decisions about patients' access to medical care need to be free from bias and discrimination. Good medical practice involves:
 - 2.4.6 Being aware of your right to not provide or directly participate in treatments to which you conscientiously object, informing your patients and, if relevant, colleagues, of your objection, and not using your objection to impede access to treatments that are legal.
 - 2.4.7 Not allowing your moral or religious views to deny patients access to medical care, recognising that you are free to decline to personally provide or participate in that care.

AUSTRALIAN MEDICAL ASSOCIATION

DOCUMENT TYPE: Information for GPs • TITLE: Conscientious Objection to the Termination of Pregnancy • DATE: Not Listed

- Doctors who have a conscientious objection to termination of pregnancy are legally entitled under the *Act* to decline to provide advice and assistance. The *Act* requires the doctor to inform the woman that they have a conscientious objection and to refer the woman to a family planning clinic or other registered practitioner who the doctor knows does not have a conscientious objection.
- It is recommended that doctors treat a conscientious objection as they would a conflict of interest. This means that the conflict should be avoided where possible and made known if necessary.
- To avoid the conflict, the doctor should place signs in their waiting room and on their practice website stating that the doctor is not available for advice or assistance with terminations of pregnancy. This should assist to avoid a conflict situation occurring.
- If, during a consultation, it becomes clear that a woman is seeking advice regarding termination of pregnancy, the doctor should stop the consultation immediately and advise that s/he has a conflict of interest.
- **Referrals:** Under the *Act*, the doctor is then obliged to refer the woman to a family planning clinic or another practitioner whom the doctor knows does not have a conscientious objection.
- Doctors troubled by the obligation to refer should remember that with a referral to a family planning clinic, the woman will be discussing her pregnancy and her options with another doctor who can provide her with all the information and advice available. It is not a certainty that she will proceed with a termination.

AUSTRALIAN MEDICAL STUDENT ASSOCIATION

DOCUMENT TYPE: Policy • TITLE: Conscientious Objection and Access to Care Policy • DATE: Not Listed

- A doctor should have a right of conscientious objection, however the exercise of an objection must not, directly or indirectly, impede a patient's access to care.
- Where a course of management for a patient is legal (including that of termination of pregnancy), any doctor who holds a conscientious objection to the provision of such management must declare such an objection to their patient, and provide an effective referral to another health practitioner who does not hold such an objection.

D. INTERNATIONAL COMPARISON: USA MEDICAL ASSOCIATIONS	
American Medical Association	<p>DOCUMENT TYPE: Article, <i>Virtual Mentor</i> • TITLE: Legal Protection for Conscientious Objection by Health Professionals • DATE: May 2006</p> <ul style="list-style-type: none"> • A doctor’s right to refuse to offer specific treatments in a nonemergency setting, so long as alternative treatment options are provided, is well known and reinforced by state and federal laws and the American Medical Association’s Code of Medical Ethics.
American College of Obstetricians and Gynecologists	<p>DOCUMENT TYPE: • TITLE: The Limits of Conscientious Refusal in Reproductive Medicine • DATE: November 2007, Reaffirmed 2013</p> <ul style="list-style-type: none"> • Although respect for conscience is important, conscientious refusals should be limited if they constitute an imposition of religious or moral beliefs on patients, negatively affect a patient's health, are based on scientific misinformation, or create or reinforce racial or socioeconomic inequalities. • Conscientious refusals that conflict with patient well-being should be accommodated only if the primary duty to the patient can be fulfilled. • Where conscience implores physicians to deviate from standard practices, they must provide potential patients with accurate and prior notice of their personal moral commitments. • Referrals: Physicians and other health care providers have the duty to refer patients in a timely manner to other providers if they do not feel that they can in conscience provide the standard reproductive services that patients’ request. In resource-poor areas, access to safe and legal reproductive services should be maintained. Providers with moral or religious objections should either practice in proximity to individuals who do not share their views or ensure that referral processes are in place. • In an emergency in which referral is not possible or might negatively have an impact on a patient's physical or mental health, providers have an obligation to provide medically indicated and requested care.
American Academy of Pediatrics	<p>DOCUMENT TYPE: Policy • TITLE: Physician Refusal to Provide Information or Treatment on the Basis of Claims of Conscience Date: 2009, Reaffirmed April 2014</p> <p><i>Recommendations:</i></p> <ul style="list-style-type: none"> • The American Academy of Pediatrics supports a balance between the individual physician’s moral integrity and his or her fiduciary obligations to patients. A physician’s duty to perform a procedure within the scope of his or her training increases as the availability of alternative providers decreases and the risk to the patient increases. • Physicians should work to ensure that health care delivery systems enable physicians to act according to their consciences and patients to obtain desired health care. • Physicians have a duty to prospective patients to disclose standard treatments and procedures that they refuse to provide but are normally provided by other health care professionals. • Physicians have a moral obligation to inform their patients of relevant alternatives as part of the informed-consent process. Physicians should convey information relevant to the patient’s decision making in a timely manner, using widely accepted and easily understood medical terminology, and should document this process in the patient’s medical record.

D. INTERNATIONAL COMPARISON: USA MEDICAL ASSOCIATIONS	
	<ul style="list-style-type: none"> • Referrals: Physicians who consider certain treatments immoral have a duty to refer patients who desire these treatments in a timely manner when failing to do so would harm the patients. Such physicians must also provide appropriate ongoing care in the interim.
American College of Emergency Physicians	<p>DOCUMENT TYPE: Policy Compendium • DATE 2014</p> <ul style="list-style-type: none"> • A victim of sexual assault should be offered prophylaxis for pregnancy and for sexually transmitted diseases, subject to informed consent and consistent with current treatment guidelines. • Referrals: Physicians and allied health practitioners who find this practice morally objectionable or who practice at hospitals that prohibit prophylaxis or contraception should offer to refer victims of sexual assault to another provider who can provide these services in a timely fashion.