

**PROTECTION OF CONSCIENCE PROJECT  
SUBMISSION  
TO THE  
Select Special Freedom of Information and Protection of Privacy Act Review Committee  
(Alberta)  
11 April, 2002**

*I will affirm what I consider to be the fundamental truth: that access by citizens to information held by their governing institutions is critical to the health of a modern democracy.*

David Loukidelis,  
Information and Privacy Commissioner  
for British Columbia

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**Protection of Conscience Project**  
**Submission**  
to the  
**Select Special Freedom of Information and Protection of Privacy Act**  
**Review Committee**  
(Alberta)  
11 April, 2002

**I. Abstract**

During 2000, a controversy arose because some pharmacists objected, for reasons of conscience, to involvement in dispensing potentially abortifacient drugs. Pharmacy regulatory authorities made statements and proposed policies that exerted a significant influence on the attitudes of pharmacists, employers, media, the public and government. As a result, the Protection of Conscience Project wrote to pharmacy regulatory authorities in Canada, seeking information about the basis for their policies and statements.

The Alberta Pharmaceutical Association (now the Alberta College of Pharmacists) did not acknowledge the first letter from the Project, and ignored subsequent letters seeking the courtesy of a reply. The APhA/College also ignored letters on the subject from some of its own members and from a member of the public. In the face of stonewalling by the APhA/College, an access to information request was filed by the Project. It was rejected by the Registrar, who noted that the College was not bound by the Alberta *Freedom of Information and Protection of Privacy Act*, was not staffed to comply with such requests, and was unwilling to commit resources necessary to respond to the request from the Project.

**The issue:** *Should the regulatory authorities of self-governing professions in Alberta be made subject to the Alberta Freedom of Information and Protection of Privacy Act?*

**Relevant principles:** Access to information legislation should apply to all institutions that participate in governance and that may significantly influence public affairs or impact fundamental freedoms. Such institutions should be continually subjected to relevant and searching criticism so that citizens have the information they require to participate fully in modern democratic government. This will enable citizens to protect themselves against maladministration or abuse. Institutions should not be permitted to determine what information in their possession is relevant or necessary for that purpose.

**Argument:** Self-governing professions, particularly in health care, exercise considerable influence on government policy, employers, the media and public opinion. In some cases, they assume degrees of responsibility for enforcing government policies developed as a result of their advice. Their disciplinary and licensing powers can be used directly to the prejudice of fundamental freedoms. It is in the public interest to safeguard these freedoms and hold these professions accountable by compelling them to disclose information about their administration and decision-making processes.

It appears that the Alberta College of Pharmacists understands the principle of public accountability to apply only to its public complaints process and disciplinary proceedings, but it is submitted that this is too narrow a view. Access legislation can assist in identifying problems in administration and major decision-making processes of self-governing professions that may significantly impact fundamental freedoms.

Access legislation was used for this purpose to produce Project Report 2001-01, which identified structural bias against conscientious objectors, particularly religious believers, in the administration of the College of Pharmacists of BC. Forcing the disclosure of this kind of information can prevent abuse of authority that adversely impacts fundamental freedoms, and can assist in identifying institutional shortcomings that need to be remedied.

The British Columbia *Freedom of Information and Protection of Privacy Act* applies to self-governing professions. There is no evidence that it has imposed an unmanageable burden on them or has been otherwise unworkable. The Act contains its own provisions to ensure that sensitive material is not improperly disclosed to third parties. Thus, there is no reason to believe that the application of Alberta's *Freedom of Information and Protection of Privacy Act* to its self-governing professions would prove to be impractical.

**Conclusion:** The conduct of the Alberta College of Pharmacists indicates that it is in the public interest to ensure that self-governing professions operate in a completely transparent manner by making them subject to Alberta's *Freedom of Information and Protection of Privacy Act*.



## II. Background

During 2000, increasing introduction of the morning-after-pill (brand names include *Preven* and *Plan B*) caused some pharmacists to object, for reasons of conscience, to dispensing such drugs. They noted that the drugs could act by preventing implantation of an early embryo in the uterus rather than by preventing fertilization (conception), and refused to participate in what they considered to be the moral equivalent of abortion. Their position was made more difficult to explain to the general public because the morning-after-pill was (and is) aggressively marketed as an emergency contraceptive, and the marketing terminology was adopted by the media and many professional associations.<sup>1</sup>

Studies cited by proponents of the morning-after-pill have indicated that only about 6% of women who have been given these drugs may actually have been pregnant.<sup>2</sup> Despite this, pharmacy regulatory authorities and their national body (National Association of Pharmacy Regulatory Authorities- NAPRA), and professional organs of opinion have been generally unsupportive of or even openly hostile towards pharmacists who objected to dispensing the morning-after-pill for reasons of conscience.<sup>3</sup>

Two objectors who spoke at the Canadian Pharmacy Association conference Saskatoon in June, 2000, found the atmosphere hostile, and were told by some colleagues that they ought to leave the profession.<sup>4</sup> In articles and letters published in professional journals, a prominent member of the Ethics Advisory Committee of the College of Pharmacists of B.C. repeatedly attacked the principle of freedom of conscience for pharmacists;<sup>5</sup> the editor of *Pharmacy Practice* equated conscientious objection among pharmacists to racism.<sup>6</sup>

There is evidence that employers were influenced by the policies and statements of regulatory authorities, or of those perceived to represent these authorities. For example, Canada Safeway entered the millennium by asserting that it had the right to ensure that employees with religious scruples "promptly serve its customers" and not direct them to competitors for such things as euthanasia drugs or RU 486" (mifepristone, an abortifacient mistakenly identified in the company bulletin as the morning after pill). The company directed objecting pharmacists to provide service if another pharmacist was not available to do so.<sup>7</sup>

Safeway later withdrew the policy and, instead, took an approach it believed to be consistent with the Code of Ethics published by various colleges and registrars across the country and . . . with that adopted by the Medical profession.<sup>8</sup> Even though NAPRA is an association of convenience with no regulatory authority, and its policy on conscientious objection has no legal force, Shoppers Drug Mart adopted the NAPRA policy, including its requirement that an objecting pharmacist actively assist a patient to obtain a morally controversial drug.<sup>9</sup>

A representative of Concerned Pharmacists for Conscience, an Alberta organization, wrote to the APhA/College to express concerns and objections to the model conscience clause proposed by NAPRA in February, 2000;<sup>10</sup> no acknowledgement of the letter was ever received.

The Protection of Conscience Project (Appendix A ) became involved in the pharmacist controversy in the spring of 2000. Among the steps taken, letters were sent to NAPRA and all regulatory authorities in Canada, seeking information about the basis for the policy adopted by NAPRA. The APhA/College did not acknowledge the first letter, and ignored subsequent letters from the Project seeking the courtesy of a reply (Appendix C ). In May, 2000, an Albertan wrote to the APhA/College with three questions concerning the morning-after-pill and conscientious objection in the profession; this letter, too, was not acknowledged (Appendix "C ).

In August, 2001, another representative of Concerned Pharmacists for Conscience wrote to the APhA/College. The letter was intended to clarify the position of the College of Pharmacists of Alberta, in regards to the *NAPRA Model Statement Regarding Pharmacists' Refusal to Provide Products or Services for Moral or Religious Reasons* (Appendix C ). The letter was not acknowledged. The pharmacist sent a second letter on 7 September seeking a response from the APhA/College; this letter, too, was ignored (Appendix C ).

Meanwhile, the Registrar of the College of Pharmacists of BC, abruptly terminated correspondence with the Project Administrator and ignored subsequent letters. An access request filed under British Columbia's *Freedom of Information and Protection of Privacy Act* resulted in the disclosure of records that made it possible to compile a report on the conduct of the Ethics Advisory Committee and on related College policies (Project Report 2001-01; Appendix B )

Given the stonewalling by the Alberta College of Pharmacists, an access to information request was filed by the Project in June, 2001. The access request was drafted to capture information that would indicate if the policies and administration of the College were governed by anti-religious bias, concerns addressed in the report on the College of Pharmacists of BC. It was rejected by the Registrar, who noted that the College was not subject to the Alberta *Freedom of Information and Protection of Privacy Act*. (Appendix C )

### **III. The Issue**

*Should the regulatory authorities of all self-governing professions in Alberta be made subject to the Alberta Freedom of Information and Protection of Privacy Act?*

#### IV. Relevant Principles

A 1987 Parliamentary Standing Committee reported that federal access legislation strengthened Canadian democracy by making government, its bureaucracy and its agencies accountable to the electorate and by protecting the rights of individuals against possible abuse.<sup>11</sup>

This theme was taken up ten years later, when nine justices of the Supreme Court of Canada held that access to information legislation facilitates democracy by ensuring that citizens have the information they need to participate in the democratic process, and by ensuring the accountability of politicians and bureaucrats.<sup>12</sup> Asserting that politically relevant information should be distributed as widely as reasonably possible, the justices quoted political philosopher John Plamenatz:

There are not two stores of politically relevant information, a larger one *shared* by the professionals, the whole-time leaders and persuaders, and a much smaller one *shared* by ordinary citizens. No leader or persuader possesses more than a small part of the information that must be available in the community if government is to be effective and responsible; and the same is true of the ordinary citizen. What matters, if there is to be responsible government, is that this mass of information should be so distributed among professionals and ordinary citizens that competitors for power, influence and popular support are exposed to relevant and searching criticism. [Emphasis in original.] (Plamenatz, *Democracy and Illusion* [1973], at pp. 178-79)

Quoting Professor Donald C. Rowat, the court also emphasized that parliament and the public must have an adequate knowledge of what is going on and cannot participate in the decision-making process and contribute their talents to the formation of policy and legislation if that process is hidden from view. Rowat, "How Much Administrative Secrecy?" (1965), 31 *Can. J. of Econ. and Pol. Sci.* 479, at p. 480.

Particularly relevant to this submission is the court's observation about the nature of contemporary democratic government:

As society has become more complex, governments have developed increasingly elaborate bureaucratic structures to deal with social problems. The more governmental power becomes diffused through administrative agencies, however, the less traditional forms of political accountability, such as elections and the principle of ministerial responsibility, are able to ensure that citizens retain effective control over those that govern them; see David J. Mullan, "Access to Information and Rule-Making", in John D. McCamus, ed., *Freedom of*

*Information: Canadian Perspectives* (1981), at p. 54.

This idea appears to have been accepted by Alberta's previous Select Special Freedom of Information and Protection of Privacy Act Review Committee (March, 1999). The Committee reported that it is in the public interest to make available information about the decision-making processes of professions that exert significant influence in public affairs.<sup>13</sup>

Speaking in Edmonton last year, David Loukidelis, Information and Privacy Commissioner for British Columbia, argued that modern Canadian political conditions and the health of modern democracy require that citizen access to information held by governing institutions should be as broad and effective as is practicable, and quoted British author James Michael:

[T]he governed should know as much as possible about how they are governed. Informed consent is essential in a democracy, and not just because of the British constitutional doctrine that political, if not legal, sovereignty is based on popular support. [A liberal-democratic government] rests on the proposition that competition in the market-place of information, as well as that of ideas, is at least very useful in determining how a society should be run, [and on the proposition] that publicity is an important safeguard against maladministration. (Michael [1982] *The Politics of Secrecy*.<sup>14</sup>

Finally, the Office of the Information and Privacy Commissioner (Alberta) states that the Alberta *Freedom of Information and Protection of Privacy Act* legislates open and accountable government by guaranteeing applicants the right to access records held by the government.<sup>15</sup>

These comments can be summarized in a statement of principle. Access to information legislation should apply to all institutions that participate in governance, whether formally or by the practical diffusion of legal authority, as a result of which they may significantly influence public affairs or impact fundamental freedoms. Such institutions should operate openly, and be continually subjected to relevant and searching criticism so that citizens have the information they require to participate fully in modern democratic government, and can protect themselves against maladministration or abuse.

Note that the Alberta Pharmaceutical Association (as it then was), in its submission to the Committee, acknowledged the validity of the principle of accountability:

. . . we are accountable to our members and are answerable to the public. We take these responsibilities most seriously. Under our current legislation, we maintain constant communication with complainants about professional issues



which they bring to our attention both during and at the conclusion of our investigations. All of our disciplinary proceedings are open to the public, subject to the decision of the Investigating Committee who may rule otherwise if the privacy and confidentiality of a third party or a minor may be jeopardized. The results of all disciplinary proceedings are published in our newsletter and are forwarded to the local media in the community in which they occur. This is an initiative we have taken upon ourselves to demonstrate the accountability we believe is expected of us.<sup>16</sup>

## V. Argument from principle

The previous Select Committee took note of two arguments *against* applying the Act to self-governing professions.

The first was to the effect that self-governing professions should not be accountable in the same way as bodies funded by tax dollars. This argument is relevant when the primary interest is to hold an institution accountable for the expenditure of public funds, but the principle articulated above addresses a much broader range of concerns. The degree to which an entity is reliant upon public funds, though not irrelevant, is not determinative of the issue.

The second argument was that provisions for accountability were in place or could be included in legislation authorizing self-governance. This is not objectionable in principle but is unworkable in practice. In the first place, crafting individual freedom of information provisions in each statute for every self-governing profession would be extremely time-consuming, and the provisions repetitious. Moreover, the addition of an extensive body of access provisions with attendant regulations would complicate the governing statutes, which differ in focus from freedom of information laws. Finally, the resulting mosaic of access rules and procedures would not only be more costly to administer, but would probably be much more difficult for citizens to navigate. It is preferable, for these reasons, to manage access to information through the single, existing statute.

A principled approach requires the identification of key characteristics of entities that should be subject to freedom of information legislation. Drawing on the principle suggested above, freedom of information legislation should apply if an entity participates in governance, whether formally or by the practical diffusion of legal authority, as a result of which it may significantly influence public affairs or impact fundamental freedoms. These criteria clearly apply to self-governing professions in law, health care and education, and arguably to other self-governing professions as well.

## **VI. Argument from practice**

The actual conduct of the APhA/College of Pharmacists, as illustrated by Appendix C , does not support its claim that it takes seriously its responsibility to be answerable to the public. It appears that it understands the principle of public accountability to apply only to its public complaints process and disciplinary proceedings. The authorities and commentators cited in Part IV indicate that this is far too narrow a view.

Administration and major decision-making processes involved in self-governance by professions that impact public policy may significantly impact fundamental freedoms. It may be consistent with bureaucratic self-interest to keep these hidden from view , but the public interest would be better served if the management of the APhA/College and other professions were open to relevant and searching criticism through the *Freedom of Information and Protection of Privacy Act*.

This is illustrated by Project Report 2001-01 (Appendix C ), prepared with materials secured through British Columbia's *Freedom of Information and Protection of Privacy Act*. The report identifies a significant policy vacuum in the College of Pharmacists of BC that encourages ethical nepotism - the exclusion from decision-making of people whose views differ from those of the College, particularly religious believers. Five practical recommendations are made to remedy the problems identified and to protect conscientious objectors from abuse of authority. Among these is the recommendation that the Registrar and the Ethics Advisory Committee members responsible for publication of unsubstantiated imputations of dishonesty be recused from disciplinary hearings concerning conscientious objectors.

Members of the Select Special Freedom of Information and Protection of Privacy Act Review Committee need not accept the findings or recommendations of the report to recognize the value of inquiries of this kind. They provide an important safeguard against maladministration by professionals, the whole-time leaders and persuaders who, operating through bureaucracies and agencies through which governmental power is diffused, exert significant influence in public affairs.

A schedule provided by the Information and Privacy Commissioner for British Columbia lists 52 professions and occupations governed by the BC statute, including the following professional regulatory authorities:

- College of Acupuncturists of British Columbia
- College of Dental Hygienists of British Columbia
- College of Dental Surgeons of British Columbia
- College of Dental Technicians of British Columbia

College of Denturists of British Columbia  
College of Licensed Practical Nurses of British Columbia  
College of Massage Therapists of British Columbia  
College of Midwives of British Columbia  
College of Naturopathic Physicians of British Columbia  
College of Occupational Therapists of British Columbia  
College of Pharmacists of British Columbia  
College of Physical Therapists of British Columbia  
College of Physicians and Surgeons of British Columbia  
College of Psychologists of British Columbia  
College of Registered Psychiatric Nurses of British Columbia  
College of Teachers of British Columbia  
Health Professions Council  
Law Society of British Columbia

The Commissioner offers the following comment on the operation of the B.C. statute:

. . . most of the self-governing professions and occupations in British Columbia are subject to the access and privacy provisions of [the *Freedom of Information and Protection of Privacy*] Act . . . Coverage of these occupations and professions has not caused my Office any difficulty.<sup>17</sup>

Finally, public interest researcher Ken Rubin, a consultant to the *Canadian Medical Association Journal* on health, safety and environmental concerns, recently suggested that physicians should make more use of freedom of information legislation. "What access laws do (and could do much better if they were radically improved)," he wrote, "is create more transparency for everyone."<sup>18</sup>

## **VII. Conclusion**

The previous Committee cautioned the professions against complacency, and recognized that it might ultimately be necessary to legislate compliance. It is submitted that the conduct of the Alberta College of Pharmacists reflects the complacent attitude that was the concern of the Committee. The failure of the APhA/College even to acknowledge correspondence on important issues and the response of the Registrar to the access request made by the Project indicates that compliance with the spirit of the *Freedom of Information and Protection of Privacy Act* will only be secured by legislation.

Recalling the comments of Professor Donald C. Rowat, approved by the Supreme Court of Canada, *supra*, and the suggestion of *CMAJ* consultant Ken Rubin, it is submitted that self-

governing professions should not be allowed to keep their internal administration and formation of policy hidden from view. The Committee should "create more transparency for everyone" by making all self-governing professions in Alberta subject to the province's *Freedom of Information and Protection of Privacy Act*.

## VIII. NOTES

(References to the Project website are abbreviated by excising "www.consciencelaws.org" from the citation. For example, <http://www.consciencelaws.org/Project/index.htm> is cited as <http://. . .\Project\index.htm>).

1. To understand what is at issue in the debate, one must become familiar with five key terms that are given completely different meanings by those speaking for or against the morning-after-pill. The terms are abortion, conception, contraception, fertilization, and pregnancy.

Generally speaking, MAP advocates define conception to mean implantation of the developing embryo (often incorrectly termed a fertilized egg) in the uterus, and define contraception as any mechanism that prevents implantation. Similarly, they assert that pregnancy (often called *established pregnancy*) does not begin until implantation, and abortion as something that only occurs after that point. Conscientious objectors usually define conception as fertilization (union of sperm and egg) and assert that pregnancy begins at that point. They restrict the meaning of contraception to an intervention that prevents fertilization, and define abortion to include an intervention after fertilization that prevents implantation or otherwise destroys the developing embryo or fetus.

Ironically, objectors are often accused of being unscientific or ignorant, even though standard embryological texts indicate that their terminology is correct.

2. "In 16 months of ECP services, pharmacists provided almost 12,000 ECP prescriptions, which is estimated to have prevented about 700 unintended pregnancies." Cooper, Janet, Brenda Osmond and Melanie Rantucci, "Emergency Contraceptive Pills- Questions and Answers". *Canadian Pharmaceutical Journal*, June 2000, Vol. 133, No. 5, at p. 28. Cooper was quoted by Globe and Mail Columnist Michael Valpy to the effect that 4,600 prescriptions for the morning-after-pill in BC were believed to have prevented 300 pregnancies. Valpy, Michael, *The Long Morning After*, *Globe and Mail*, 15 December, 2001.

3. In November, 1999, the NAPRA Council approved what has been called a conscience clause, part of which requires a pharmacist with moral objections to a drug to pre-arrange access to an alternate source of the drug for a patient. (NAPRA *Model Statement Regarding Pharmacists' Refusal to Provide Products or Services for Moral or Religious Reasons*) A number of objecting pharmacists reject the demand that they take positive steps to facilitate

what they consider to be a morally objectionable act.

The attitude of the College of Pharmacists of B.C. toward conscientious objectors was conveyed in a newspaper headline: Pharmacists' college warns renegades about not dispensing morning-after pill (*The Province*, 23 November, 2000). Its Ethics Advisory Committee published a bulletin that made a number of unsubstantiated and prejudicial statements (see Appendix "B").

4. E-mail from Maria Bizecki (Concerned Pharmacists for Conscience) to the Administrator, 3 July, 2000
5. Archer, Frank, Emergency Contraceptives and Professional Ethics, *Canadian Pharmaceutical Journal*, May 2000, Vol. 133, No. 4, p. 22-26; "Whose Rights Are They, Anyway?" *Pharmacy Practice*, 8 January, 2001; Have your say- Openers: Ethics and Patient Care, *Pharmacy Practice*, June, 2001)
6. Editorial, *Pharmacy Practice*, July 2000
7. Safeway Pharmacy Policies and Procedures, Section IV: Pharmacy Operations 4.6.1, *Conscientious Objectors and Accommodation*. 1 January, 2000.
8. Letter to the Administrator from Linda Toby Oswald, Vice-President Public Relations and Government Affairs, Canada Safeway, 8 August, 2000. It is interesting to note that the withdrawn policy was actually consistent with what was being demanded by the Ethics Advisory Committee of the College of Pharmacists of BC.
9. Letter to the Administrator from Terry Creighton, Senior Vice-President, Public Affairs, Shoppers Drug Mart, 22 August, 2000. It appears that the company was not aware of the legal status of NAPRA and its policies.
10. Letter to the Registrar from Barry Creighton, Concerned Pharmacists for Conscience, 17 February, 2000
11. Quoted in Loukidelis, David, *Is the Door Opening or Closing? Assessing the State of Access to Information in Canada*. Keynote Presentation, FOIP 2000 Conference, Edmonton, Alberta May 29, 2000. ([http://www.oipcbc.org/publications/speeches/speech\\_02.html](http://www.oipcbc.org/publications/speeches/speech_02.html); accessed 30 December, 2001)
12. *Dagg v. Canada (Minister of Finance)* [1997] 2 S.C.R. 403.  
[http://www.lexum.umontreal.ca/csc-scc/cgi-bin/repere.cgi?corpus=pub\\_en&tout=dagg+1997&language=en&form=csc-scc-%2Fen%2Ffindex.html&range=1&numdoc=428#nqlref1](http://www.lexum.umontreal.ca/csc-scc/cgi-bin/repere.cgi?corpus=pub_en&tout=dagg+1997&language=en&form=csc-scc-%2Fen%2Ffindex.html&range=1&numdoc=428#nqlref1)  
The quotations are from the dissenting judgement of La Forest, L'Heureux-Dub  e, Goutier and

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**9 April, 2002**

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Major JJ., but the majority (Lamer CJ and Sapience, Cory, McLachlin and Iacobucci JJ.) agreed with the minority's approach to interpreting the *Access to Information Act*.

13. Final Report of the select Special Freedom of Information and Protection of Privacy Act Review Committee (March, 1999)(<http://www.assembly.ab.ca/pro/FOIP/default.htm>; accessed 31 December, 2001)

14. Loukidelis, *supra*

15. <http://www.oipc.ab.ca/about/welcome.htm> (Accessed 9 April, 2002)

16. Letter from Registrar to Legislative Assembly re: FOIPP Act, 29 October, 1998 (Submission 144)

17. Letter to the Administrator from David Loukidelis, Information and Privacy Commissioner for British Columbia, 25 February, 2002

18. Rubin, Ken, "Access-to-information laws: they're there, if MDs want to use them." *CMAJ* 2002;166(1):77-8

**APPENDIX A**  
**The Protection of Conscience Project**

**Protection of Conscience Project Submission**  
**APPENDIX A**

**The Protection of Conscience Project**

People are well acquainted with the continuing moral controversy surrounding abortion, which shows no signs of abating, and developing technology promises to generate *more* moral controversy, not less. Disputes are already underway about the ethics of artificial reproduction, eugenics, genetic engineering, embryonic experimentation, organ harvesting and tissue trafficking. Lobbies for the legalisation of assisted suicide and euthanasia have been successful in some jurisdictions and continue to be persistent in others.

The provision of such procedures impacts many who are employed in health care and research. In debates about these things, little or no attention is paid to the position of those who do not wish to participate in the procedures, yet may be expected to do so. In consequence, the issue of conscientious objection tends to be left out of political, policy and legal analyses, arising (if at all) only as a peripheral concern in implementation. Too often, there is an ill-founded assumption that adequate allowance for freedom of conscience is already made under existing human rights legislation or jurisprudence.

The Protection of Conscience Project attempts to rectify these oversights. The Project is a non-denominational, non-profit initiative supported by a project team and advisory board.<sup>1</sup> Among other things, it advocates for protection of conscience legislation, facilitates communication and co-operation among protection of conscience advocates, and promotes clarification of the issues involved to encourage reasoned public discussion. The Project website documents a number of cases involving repression of freedom of conscience that have arisen over the years,<sup>2</sup> and takes note of circumstances that suggest a potential for further conflict.<sup>3</sup>

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**Protection of Conscience Project Submission**  
**APPENDIX A**

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**NOTES**

(References to the Project website are abbreviated by excising "www.consciencelaws.org" from the citation. For example, <http://www.consciencelaws.org/Project/index.htm> is cited as <http://. . .\Project\index.htm>).

1. For additional information about the Project Advisory Board, see <http://. . .\Contact-Conscience-Project\Conscience-Team-Advisors-01.html>
2. <http://. . .\Repression-Conscience.html>
3. <http://. . .\Project\Examining-Conscience-Issues\Background\IssuesBack01.html>

**APPENDIX B**

**Project Report: 2001-01  
Date: 26 March, 2001**

**RE: College of Pharmacists of British Columbia  
Conduct of the Ethics Advisory Committee**



# Protection of Conscience Project

[www.consciencelaws.org](http://www.consciencelaws.org)

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## REPORT

**Report: 2001-01**

**Date: 26 March, 2001** [Revised 24 May, 2001]

**RE: College of Pharmacists of British Columbia  
Conduct of the Ethics Advisory Committee**

### Abstract

An instruction from the Ethics Advisory Committee of the College of Pharmacists of British Columbia was published in the March/April, 2000 issue of the College newsletter, the *Bulletin*. This instruction included statements that impugned the integrity of conscientious objectors within the profession. The Registrar of the College later acknowledged that she had no evidence to support the statements made in the bulletin, but refused to retract them and apologize.

Similar statements were made in an article by one of the Ethics Advisory Committee members that appeared in the *Canadian Pharmaceutical Journal*. The author of the article has ignored requests that evidence be provided to support the statements.

Publication of unsubstantiated imputations of dishonesty contradicts ethical principles that ought to govern the conduct of an Ethics Advisory Committee, and appears inconsistent with Value VII of the Code of Ethics of the College of Pharmacists of B.C. The subsequent refusal to retract and apologize is troubling for the same reasons. However, Committee members appear to have acted as a result of ignorance rather than malice. This may be related to the nature of the Committee.

The Ethics Advisory Committee is an *ad hoc* group. There is no policy governing selection of its members or appointments to the Committee, and its members lack formal qualifications in ethics, philosophy, or related disciplines. There is no policy governing its operation. This policy vacuum lends itself to ethical nepotism and the exclusion of people whose views differ from those of the College establishment. It has an adverse impact on those who seek to live and work in conformity to transcendent ethical principles, particularly religious believers.

## INTRODUCTION

The last decade saw increasing interest in drug-induced abortion and growing pressure - occasionally successful - to legalize euthanasia and assisted suicide. Execution by lethal injection is practised in some jurisdictions, and developing reproductive technologies may require pharmaceutical products.

Pharmacists who have moral or ethical objections to some or all of these procedures have been forced to re-examine their drug distribution practices. Some have concluded that they will not dispense drugs for these purposes, because to do so would constitute participation in an immoral act. For the same reason, others have decided that they will neither dispense the drugs, nor refer patients for them.

The growing concern among some in the profession is illustrated by an increasing number of protection of conscience laws or policies. These provide safeguards against discrimination or retaliation, though the degree of protection depends upon the wording of the "conscience clause".

The provision of health care in Canada is within the jurisdiction of provincial governments. Each province has a pharmacy association or college that is legally responsible for the regulation of the profession. These bodies establish and enforce guidelines for competent and ethical pharmacy practice, including conscientious objection.

The Code of Ethics of the College of Pharmacists of British Columbia subordinates freedom of conscience to the delivery of pharmacy products and services. It does so by demanding that conscientious objectors refer patients to another pharmacist to obtain morally controversial products, and supply the product themselves if another pharmacist is unavailable.<sup>1</sup> This problem is beyond the scope of this report.

## THE ISSUES

This report is concerned with only two points:

- a) Prejudicial statements made by the Ethics Advisory Committee
- b) Ethics Advisory Committee structure and policy

### **a) Prejudicial statements made by the Ethics Advisory Committee**

The Ethics Advisory Committee published an instruction to secure compliance to its rule on conscientious objection. [Appendix "B"]. Referring to pharmacists who have moral objections to some pharmacy services, the instruction, purporting to present their argument, included the following passage:

They should be able to dissuade patients requesting these services by denying their availability, or providing information under the guise of patient counselling . . .

Confirming the imputation of dishonesty, the Bulletin continued:

. . . the profession cannot allow pharmacists to lie about the existence of these services or promote their moral viewpoint in an attempt to persuade patients not to seek recognized pharmacy services they find objectionable.

No evidence was provided to support these statements, which portrayed conscientious objectors as liars or dishonest manipulators. The statements were repeated and amplified - again, without evidence - in an article in a national pharmacy journal in May, 2000:

A third concern is that pharmacists should be able to deny certain legitimate pharmacy services exist . . . or at least to be able to attempt to dissuade such patients, under the guise of patient counselling, by stating religious or moral beliefs as if they were scientific facts. This establishes that lying is justified if pharmacists object to providing contentious services. Denying such services exist is an outright lie, and attempting to dissuade patients by arguments based on personal religious or moral beliefs offered as scientific fact is a dishonest attempt to obtain informed consent . . . The professional [*sic* - should read *public?*]cannot consider it just bad luck if patients are denied recognized pharmacy services, or receive misleading or incorrect information from pharmacists who object to the services.<sup>2</sup>

The publication of the *Bulletin* and the article in the *Canadian Pharmaceutical Journal* impugned the integrity of conscientious objectors, exposing them to the contempt of their colleagues and the public. This was reflected at the convention of the Canadian Pharmacy Association in June, 2000, where the *Journal* article was cited; two objectors were told during lunch that they should leave the profession.<sup>3</sup>

**b) Ethics Advisory Committee structure and policy**

The publication of unsubstantiated imputations of dishonesty is inconsistent with the *raison d'être* of an ethics committee. When such an anomaly is observed, it is appropriate to determine if it may be the result of attitudes, structures and policies influencing the committee.

## ADDRESSING THE ISSUES

### a) Prejudicial statements made by the Ethics Advisory Committee

A spokesperson for Concerned Pharmacists for Conscience protested the College *Bulletin*:

. . . I wish to make several points absolutely clear. CPC's objective is for pharmacists to have the right to refuse to participate in procedures they find morally repugnant, without repercussions. CPC equally respects the freedom of conscience of pharmacists who wish to participate, and those who do not wish to participate, in morally controversial procedures. CPC does not promote blocking access or availability, or prevent other pharmacists from participating. . . . **Can you provide proof that conscientious objectors are guilty of judging, preaching or dissuading patients?** [emphasis in original]. . . your College has made such accusations . . . by implying conscientious objectors dissuade patients under the "guise of patient counselling," "lie about the existence of services to patients" and attempt to "promote their moral viewpoint."<sup>4</sup>

Since the Registrar did not acknowledge receipt of this letter, the spokesperson wrote again, repeating her request that the College provide proof of the statements made in the bulletin. She also referred to the *Canadian Pharmaceutical Journal* article:

Frank Archer's prejudicial and religiously discriminatory article . . . is an erroneous legal analysis of human rights law. . . Am I correct in understanding that the College of Pharmacists of B.C. supports the opinions of Frank Archer?<sup>5</sup>

The letter was not answered, and the College did not modify the statements made in the *Bulletin* in light of the information provided by Concerned Pharmacists for Conscience.

Beginning in April, 2000, the Administrator attempted a dialogue with the College of Pharmacists of British Columbia, focussed on its March/April 2000 *Bulletin*. The Registrar of the College broke off correspondence in July, having written two letters that she believed "provided all the necessary information." [Appendix "C"]

The Administrator acknowledged her position, but pointed out that her letters had not addressed the prejudicial statements made in the *Bulletin*. He requested that the Registrar provide evidence to support them, or retract them and apologize. This request, repeated in two subsequent letters, was ignored. [Appendix "C"]

In October, 2000 the Administrator filed a request under the *Freedom of Information and Protection of Privacy Act* to obtain access to all documents held by the College on subjects related to protection of conscience issues, dating from 1 January, 1995. The last of over 240 pages was received by the Administrator at the end of January, 2001. None of the documents contained anything to substantiate the

offending passages in the *Bulletin* or the *Canadian Pharmaceutical Journal* article.

The Administrator wrote to the Registrar to point this out, and asked her to confirm that the College had no evidence to support the statements made in the *Bulletin*. When the Registrar failed to respond clearly, the Administrator challenged her with the assertion that the College could not justify the statements in the *Bulletin* and that their publication was unethical. He asked if the College would retract them and apologize. The Registrar refused to do so. [Appendix "C"]

The author of the *Canadian Pharmaceutical Journal* article did not respond to four letters from the Administrator, who, as a matter of courtesy, had sent him a copy of a critique of his *Journal* article. [Appendix "D"] The editor of the *Journal* did not respond to letters directing his attention to the problem, but later agreed to review the matter. His response was published in an editorial in the April, 2001 issue of the *Journal*. [Appendix "E"]

#### **b) Ethics Advisory Committee structure and policy**

The response to the Administrator's access to information request disclosed that the creation of the Ethics Advisory Committee was mooted during the discussion of a five person task force revising the College's Code of Ethics.<sup>6</sup> The Council approved the formation of the Committee with the terms of reference suggested by the Registrar, later revised. [Appendix "A"]

The College has not established the structure of the Ethics Advisory Committee, qualifications for membership, nor set a term of office for its members. There is no policy or process to identify or select members of the Committee, nor a policy requiring that the reasons for rejection of applicants be recorded. There are no bylaws governing its operation. [Appendix "C"]

It appears that members of the task force revising the College Code of Ethics simply continued as members of the Ethics Advisory Committee, augmented by additional appointments.<sup>7</sup> There were seven members of the Committee as of November, 2000.

The members of the Ethics Advisory Committee are all registered pharmacists or former pharmacists. They all hold a Bachelor of Science in Pharmacy degree and have extensive experience as pharmacy practitioners.<sup>8</sup>

The Registrar of the College has been unwilling make enquiries about their formal qualifications in ethics, philosophy or related disciplines. When pressed - repeatedly - to provide this information, she would say only that all of them "have encountered and responded to a variety of ethical dilemmas in the course of their practice as pharmacists." [Appendix "C"]. One concludes that none of them have formal qualifications specific to their role as ethics advisors.



## COMMENT

This report has a narrow focus: the publication of unsubstantiated imputations of dishonesty. These are liable to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment. The statements offend against ethical notions of justice, non-maleficence and beneficence, and appear contrary to Value VII of the Code of Ethics of the College of Pharmacists of British Columbia.<sup>9</sup>

The injustice visited upon conscientious objectors by the Ethics Advisory Committee becomes more evident if one re-reads the offending passages as if they had been directed at an identifiable group. For example, similar accusations against Asians in the profession would have generated widespread criticism of the College, even if it had some evidence that this or that Asian pharmacist had been found to be dishonest. Negative stereotyping of groups on the basis of isolated incidents is no more acceptable than blind prejudice.

While the misrepresentations of the Committee were unjust, offensive and harmful, it would go beyond the evidence to suggest that they were deliberate. Committee members appear to have acted from ignorance rather than malice. This is indicated by two reviews of the *Journal* article, one by a constitutional lawyer, that found serious errors in explanations of human rights and labour law, as well as unfamiliarity with basic philosophical concepts that impact ethical reasoning.<sup>10</sup>

Moreover, one laments the emphasis in the *Bulletin* and *Journal* article on the paradigm of the law of contract, to the exclusion of ethical reflection on freedom of conscience. The authors seem completely unaware of ethical traditions that see freedom of conscience - always understood as a properly formed conscience - as constituent of the nature and dignity of the human person. Nor do they seem to grasp that a pharmacist has only one conscience, by which he must be guided in both private and professional affairs.

Thus, the misrepresentations of the Committee, while damaging, are just a symptom of the underlying problem: the hegemony of 'establishment ethics', and the resulting tendency to suppress all other ethical traditions.<sup>11</sup>

The absence of College policy governing the Ethics Advisory Committee encourages the development of this ethical nepotism - 'old boys' networking that ensures the *de facto* exclusion from the Committee of anyone who would seriously challenge its understanding of ethics. Among the excluded classes of people are those who adhere to transcendent ethical or moral principles and apply them in daily life and work - precisely those people, in other words, for whom freedom of conscience is a most fundamental good. This is likely to have a disproportionate impact on religious believers.

## SUMMARY

1. The Ethics Advisory Committee of the College of Pharmacists of British Columbia impugned the integrity of conscientious objectors within the profession in statements made in an instruction published in the March/April, 2000 issue of the College newsletter, the *Bulletin*.
2. In an article published in the *Canadian Pharmaceutical Journal*, a member of the Committee expanded upon and amplified these statements.
3. The College has not produced evidence to support the statements made in the *Bulletin*. The Registrar of the College of Pharmacists of British Columbia has refused to retract the offending statements or apologize for their publication.
4. The author of the *Canadian Pharmaceutical Journal* article has not substantiated the statements made in that publication, and has ignored repeated requests that he provide evidence to support the statements made.
5. The statements made in the *Bulletin* are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment. There is evidence that this has occurred.
6. Publication of unsubstantiated imputations of dishonesty contradicts ethical principles that ought to govern the conduct of an Ethics Advisory Committee, and appears contrary to Value VII of the Code of Ethics of the College of Pharmacists of British Columbia. The subsequent refusal to retract and apologize is troubling for the same reasons. Nonetheless, the objectionable statements appear to have resulted from ignorance rather than malice.
7. The Ethics Advisory Committee is an *ad hoc* group. There is no policy governing selection of its members or appointments to the Committee, and its members lack formal qualifications in ethics, philosophy, or related disciplines. There is no policy governing its operation.
8. The policy vacuum in which the Ethics Advisory Committee operates is conducive to ethical nepotism and exclusion of diverse ethical viewpoints, with a disproportionate and adverse impact on religious believers.

### RECOMMENDATIONS

1. The Council of the College of Pharmacists should require the Registrar to retract the offending passages in the *Bulletin* of March/April, 2000, and apologize for their publication.
2. The Council of the College of Pharmacists should require the author of the article "Emergency Contraceptives and Professional Ethics A Critical Review", *Canadian Pharmaceutical Journal*, Vol. 133, No. 4, May, 2000 , to retract the offending passages in the article and apologize for their publication.
3. The Council of the College of Pharmacists should enact policies governing the operation of the Ethics Advisory Committee. These policies should include reference to:
  - a) Qualifications for membership
  - b) Reflection of true ethical diversity in the appointment of Committee members, so that religious believers and others adhering to transcendent ethical or moral norms are not excluded from membership
  - c) Procedures for selection and rejection of applicants
  - d) Keeping record of formal qualifications of sitting members in ethics, philosophy or related disciplines, or the absence thereof
  - e) Terms of office
  - f) Formal consultation with religious and other ethical authorities
  - g) Accommodation of diverse ethical viewpoints within the profession, so that religious believers are not excluded from the profession
4. The Council of the College of Pharmacists should review procedures governing admission to faculties or schools of pharmacy and enact policies to ensure that religious believers and others adhering to transcendent ethical or moral norms are not excluded from teaching or education.
5. The Council of the College of Pharmacists should direct that the Registrar and members of the Ethics Advisory Committee responsible for the publication of the offending passages in the *Bulletin* and *Canadian Pharmaceutical Journal* be recused from participation in disciplinary hearings or commentary involving Value IX of the Code of Ethics.

## APPENDIX "A" LEGAL FRAMEWORK

### Governing statute, regulations and bylaws

The College of Pharmacists of British Columbia regulates the practice of pharmacy in the province under the authority of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* (RSBC 1996). Section 2 of the Act imposes upon the College a duty to "serve and protect the public" and exercise its powers "in the public interest" [2(2)a,b]. Section 2 also authorizes the College

(e) to govern registrants according to this Act and the bylaws;

(g) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice among registrants;

(k) to establish, maintain and enforce standards of professional ethics among registrants;

Anyone who practises pharmacy in British Columbia must register with the College [Section 15, 21], and all registered pharmacists are members of the College [Section 3]. The affairs of the College are overseen by a Council comprised of pharmacists elected by their colleagues, and non-pharmacists appointed by the Lieutenant Governor in Council [Section 7]. Bylaws made by the council and approved by the Lieutenant Governor in Council govern the profession [Section 61]. The bylaws may include "standards of practice and conduct to be adhered to by a registrant" [61(2)e] and establish "committees the council determines are necessary or advisable" [61(2)q].

Resolutions passed at annual general meetings of the members of the College are considered to be of an advisory nature, and are not binding on the Council.<sup>12</sup>

### Committees required by statute

An **inquiry committee** established under the Act is responsible for investigating complaints of professional misconduct, and may initiate such investigations [Section 48(1)]. It may refer the matter under investigation to another committee of the College, such as the Ethics Advisory Committee, for a review and report [Section 48(3)]. If the inquiry committee has reasonable and probable grounds to believe that a pharmacist "has been or is negligent or incompetent," [48(8)c] or "has committed professional misconduct or conduct unbecoming a registrant" [48(8)d] it must direct that a disciplinary hearing be held.

Disciplinary hearings are conducted by a panel of three, drawn from a **discipline committee** of at seven or more persons, at least one of whom must not be a pharmacist [Section 52, 53; Bylaw 4, paragraph 18]. Penalties for conviction range from reprimand through fines and assessment of costs to the cancellation of registration (i.e., dismissal from pharmacy practice) [Section 54]. There is a right of appeal to the Supreme Court by the College council or any person aggrieved or adversely affected by the decision of the

disciplinary committee [Section 59].

### **Committees established by the council**

The Council may approve the formation of committees in addition to those required by statute. One of these, the **Ethics Advisory Committee**, was approved on 14 June, 1997, after the Registrar of the College advised the council of the need for "a group to assist College members and staff, as well as the members of the public, in the interpretation and application of the revised Code of Ethics", with the responsibility "of reviewing the Code on an ongoing basis to ensure its continuing applicability and timeliness."<sup>13</sup>

### **Ethics Advisory Committee: structure and policy**

The original terms of reference for the Committee consisted only of these brief statements by the Registrar. The following year, the original terms of reference were rescinded by the council and replaced with the following:

1. Provide advice and guidance to members of the College (either individually or as a group) regarding ethical questions and dilemmas.
2. Review and recommend updates to the Code of Ethics as necessary.
3. Consult on education program proposals relating to ethics issues.
4. Serve a liaison function with the Faculty of Pharmaceutical Sciences on matters concerning the ethics education of students.<sup>14</sup>

### **Unprofessional conduct**

Bylaw 9 of the council defines "unprofessional conduct", including within the term "failing to comply with the Code of Ethics of the College of Pharmacists of British Columbia."<sup>15</sup> It is reasonable to suppose that the Ethics Advisory Committee would have a role to play in disciplinary matters involving Value IX of the Code of Ethics, which concerns conscientious objection. [See n. 1]

**APPENDIX "B"**  
**COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA**  
**BULLETIN MARCH/APRIL 2000 Vol. 25, No. 2**

**Note:** *This bulletin was prepared by the Ethics Advisory Committee.<sup>16</sup> No minutes were kept of the drafting of the document; the final (published) version is the only record that exists.<sup>17</sup> **The sections relevant to this report are underlined.***

**Ethics in Practice**

**Moral Conflicts in Pharmacy Practice**

The Code of Ethics adopted by the College of Pharmacists of British Columbia acknowledges that some pharmacists have moral objections to providing certain recognized pharmacy services. As a compromise, the Code recognizes conscientious objection as long as patients are not denied legitimate services. These pharmacists must refer patients to colleagues who will provide such services, and in the end deliver these services themselves if it is impractical or impossible for patients to otherwise receive them.

Pharmacy, like all professions, has been granted a monopoly right to provide services to the public. And professions have an obligation to provide recognized services to the public, because the public has no alternative. For this, professions receive prestige and financial reward. In the case of pharmacy some might argue we received one without the other, but this is another subject.

Individual pharmacists may experience conscience problems when requested to provide services to which they have a moral objection. At present these services might include provision of contraceptives, syringes and needles for drug addicts, emergency contraceptives, high doses of narcotics to control intractable pain that might hasten death in the terminally ill, and medications for terminal sedation. In future these services might expand to include preparation of drugs to assist voluntary or involuntary suicide, cloning, genetic manipulation, or even execution.

Some pharmacists have argued that if they have a moral objection to providing certain pharmacy services, neither they nor the profession has an obligation to see that patients are provided with these services, and patients should not receive them. They should be able to dissuade patients requesting these services by denying their availability, or providing information under the guise of patient counselling. In some jurisdictions so-called "conscience clauses" have recognized these arguments.

The moral position of an individual pharmacist, if it differs from the ethics of the profession, cannot take precedence over that of the profession as a whole. The public cannot be expected to consider it to be just bad luck if patients are refused recognized pharmacy services because their pharmacists have moral objections to providing them. And the profession cannot allow pharmacists to lie about the existence of these services or promote their moral viewpoint in an attempt to persuade patients not to seek recognized pharmacy services they find objectionable.

**APPENDIX "C"**  
**CORRESPONDENCE with COLLEGE OF PHARMACISTS**

**Note:** *Project correspondence with the College of Pharmacists dealt with several issues raised by the "Ethics in Practice" column in the College's March/April Bulletin (reproduced in Appendix "B" ). The following extracts concern only the subject of this report.*

**3 April, 2000**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

. . . your bulletin seriously misrepresents the position of most conscientious objectors when it claims that their primary concern is to deny patients "recognized pharmacy services." It also misrepresents the purpose of protection of conscience legislation.

I invite you to visit the Project website to become more familiar with some of the issues involved. More important, I look forward to an early retraction of some of the statements made in this bulletin, and a significant clarification of others.

---

**15 July, 2000**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

Enclosed is a copy of an article that has been submitted for publication to the Canadian Pharmaceutical Journal. I would appreciate it if you would pass it on to Frank Archer.

I believe that you have been busy over the past few weeks, as have I, and I look forward to continuing our dialogue after receiving your response to my letter of 24 May.

---

**24 July, 2000**

**To:** Administrator, Protection of Conscience Project

**From:** Registrar, College of Pharmacists of B.C.

I have forwarded the proposed Canadian Pharmaceutical Journal article to Frank Archer, as you requested.

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I will not be responding to your 24 May 2000 correspondence because I believe that I have provided all the necessary information in my previous two letters to you.

---

**27 July, 2000**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

Thank you for passing on the article to Frank Archer.

While I understand that you do not see a reason to continue our correspondence, there is an important issue that has not been resolved by your letters.

In my first letter I referred to the College Bulletin (March/April 2000, Vol. 25, No. 2: "Ethics in Practice"), stating that it seriously misrepresents the position of most conscientious objectors. Referring to pharmacists who have moral objections to some pharmacy services, the Bulletin, purporting to present their argument, includes the following passage:

They should be able to dissuade patients requesting these services by denying their availability, or providing information under the guise of patient counselling . . .

Confirming the imputation of dishonesty, the Bulletin continues:

. . . the profession cannot allow pharmacists to lie about the existence of these services or promote their moral viewpoint in an attempt to persuade patients not to seek recognized pharmacy services they find objectionable.

You will appreciate that unsubstantiated imputations of dishonesty made by persons in authority are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment.

Accordingly, I request that you provide evidence to show that conscientious objectors claim a right to lie to patients, to supply misinformation or promote their moral viewpoint "under the guise of patient counselling", or that their primary goal is to dissuade patients from seeking pharmacy services.

In the absence of such evidence, the College should retract the offending passages in the Bulletin and apologize for having made prejudicial statements.

---



**Protection of Conscience Project**  
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**17 August, 2000**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

I have not yet had a reply to my letter of 27 July referring to the College Bulletin for March/April 2000, Vol. 25, No. 2: "Ethics in Practice".

I noted then that unsubstantiated imputations of dishonesty made by persons in authority are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment.

You have not provided evidence to show that conscientious objectors claim a right to lie to patients, to supply misinformation or promote their moral viewpoint "under the guise of patient counselling", or that their primary goal is to dissuade patients from seeking pharmacy services. Will the College now retract the offending passages in the Bulletin and apologize for having made prejudicial statements?

---

**8 September, 2000**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

I have not yet had a reply to my letters of 27 July and 17 August referring to the College Bulletin for March/April 2000, Vol. 25, No. 2: "Ethics in Practice"

I noted then that unsubstantiated imputations of dishonesty made by persons in authority are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment.

You have not provided evidence to show that conscientious objectors claim a right to lie to patients, to supply misinformation or promote their moral viewpoint "under the guise of patient counselling", or that their primary goal is to dissuade patients from seeking pharmacy services. Please retract the offending passages in the Bulletin and apologize for having made prejudicial statements.

---

**11 October, 2000**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

Enclosed is an Access to Information Request made under the *Freedom of Information and Protection of*

**Protection of Conscience Project**  
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*Privacy Act . . .*

I look forward to hearing from you within the time specified by the statute.

[Among other things, the access request sought all documents pertaining to the following.]

- a) policy on qualifications for appointment to the ethics committee of the College of Pharmacists of British Columbia;
- b) policy on the process to be followed in applying for membership in the ethics committee of the College of Pharmacists of British Columbia;
- c) policy on the process to be followed in appointing members of the ethics committee of the College of Pharmacists of British Columbia;
- d) the number of current members of the ethics committee of the College of Pharmacists of British Columbia, and their academic and professional qualifications and experience relevant to their role as ethics committee members;
- e) the number of rejected applications for membership on the ethics committee of the College of Pharmacists of British Columbia received by the College since 1 January, 1995, and the reasons for rejection.

---

**14 November, 2000** (date received by courier)

**To:** Administrator, Protection of Conscience Project

**From:** Registrar, College of Pharmacists of British Columbia

. . . There are no formal policy statements relating to the qualifications or application process for appointment to the Ethics Advisory Committee.

The members of the Ethics Advisory Committee are all registered pharmacists or former pharmacists. They all hold a Bachelor of Science in Pharmacy degree and have extensive experience as pharmacy practitioners.

There are no records relating to the rejection of applications of Ethics Advisory Committee membership. . .

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**15 November, 2000**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

. . . It appears that some documents and information that were covered by the request were overlooked. Attached to this letter is a list of the documents that appear to be missing. . .

*Academic and professional qualifications and experience of current members of the Ethics Advisory Committee, relevant to their role as ethics committee members.*

The following information, provided by the Registrar, includes no information about professional qualifications and experience in ethics or related disciplines (such as philosophy, theology, or law).

The members of the Ethics Advisory Committee are all registered pharmacists or former pharmacists. They all hold a Bachelor of Science in Pharmacy degree and have extensive experience as pharmacy practitioners.

---

**30 November, 2001**

**To:** Administrator, Protection of Conscience Project

**From:** Registrar, College of Pharmacists of British Columbia

. . . *Academic and professional qualifications and experience of current members of the Ethics Advisory Committee:* There are no written or other records relating to this topic in our records system.

---

**31 January, 2001**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

. . . It appears from the material supplied and from your letters that the College has no evidence to support statements made in its Bulletin for March/April 2000, Vol. 25, No. 2: "Ethics in Practice" (i.e, that conscientious objectors claim a right to lie to patients, to supply misinformation or promote their moral viewpoint "under the guise of patient counselling", or that their primary goal is to dissuade patients from seeking pharmacy services). Please confirm that this is the case.

It also appears that none of the members of the Ethics Advisory Committee have academic or professional

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qualifications in ethics, philosophy or related disciplines. I would appreciate it if you would confirm whether or not this is the case by making the appropriate enquiries, and provide the details of any such qualifications held by Ethics Advisory Committee members.

---

**12 February, 2001**

**To:** Administrator, Protection of Conscience Project

**From:** Registrar, College of Pharmacists of British Columbia

. . . I wish to confirm that I have provided you with all existing records in my custody pertaining to the "Ethics in Practice" column in the March/April issue of the *Bulletin*.

I also wish to confirm that I have no records in my custody pertaining to the Ethics Advisory Committee members academic or professional qualifications in ethics, philosophy or related disciplines. Under the provisions of the *Freedom of Information and Protection of Privacy Act*, I am not obligated to create records in order to respond to your request under the Act . . .

---

**14 February, 2001**

**To:** College of Pharmacists of British Columbia

**From:** Administrator, Protection of Conscience Project

. . . It is now clear that the College cannot justify the statements made by its Ethics Advisory Committee in the College Bulletin for March/April 2000, Vol. 25, No. 2: "Ethics in Practice" (quoted in my letter of 31 January and in earlier correspondence.) These unsubstantiated imputations of dishonesty offend against justice, beneficence, and non-maleficence, and appear to contradict Value VII of the College's Code of Ethics, the very Code that the authors of the bulletin are, by their terms of reference, supposed to interpret and apply.

Will you now retract the statements made in the bulletin and apologize for having published them?

Quite apart from my Access to Information requests, and in view of the foregoing, I ask that you explain what academic or professional qualifications Ethics Advisory Committee members have in ethics, philosophy or related disciplines. Their qualifications are of interest not only to your members, but members of the public.

---

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**1 March 2001**

**To:** Administrator, Protection of Conscience Project

**From:** College of Pharmacists of British Columbia

I have your letter . . . in which you request a retraction and apology for statements made in the "Ethics in Practice" column in the March/April 2000 issue of our newsletter, the *Bulletin*. I will not be retracting the comments, nor offering an apology.

As I have indicated in previous correspondence, the members of the College's Ethics Advisory Committee are experienced pharmacists and former pharmacists, all of whom have encountered and responded to a variety of ethical dilemmas in the course of their practice as pharmacists.

**APPENDIX "D"**  
**CORRESPONDENCE with FRANK ARCHER**

**17 August, 2000**

**To:** Mr. Frank Archer

**From:** Administrator, Protection of Conscience Project

I understand that Ms. Lytle has given you my response to your column in the May issue of the *Canadian Pharmaceutical Journal*. Enclosed is a copy of a self-explanatory letter to the CPJ.

I am making the same request of you that I have made to the editor of the CPJ: that you provide evidence to support the allegations you have made, or issue a retraction and apology.

---

**8 September, 2000**

**To:** Mr. Frank Archer

**From:** Administrator, Protection of Conscience Project

I await your reply to my letter of 17 August, 2000.

Unsubstantiated imputations of dishonesty made by persons in authority are likely to encourage bias against conscientious objectors, impose a strain on collegial relations, and adversely impact the workplace environment.

Accordingly, I request that you retract the offending passages in the your article in the *Canadian Pharmaceutical Journal* and apologize for having made prejudicial statements.

---

**15 November, 2000**

**To:** Mr. Frank Archer

**From:** Administrator, Protection of Conscience Project

I await a reply to my letters of 17 August and 8 September, and reiterate my request that you retract the offending passages in the your article in the *Canadian Pharmaceutical Journal*, and apologize for having made prejudicial statements.

---

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**REPORT**  
2001-01

**20 February, 2001**

**To:** Mr. Frank Archer

**From:** Administrator, Protection of Conscience Project

As a result of an access to information request, I am now aware that the College of Pharmacists of British Columbia has no evidence to support imputations of dishonesty directed at conscientious objectors. Almost identical statements appeared later in an article you wrote for the *Canadian Pharmaceutical Journal*.

You have ignored my letters of 17 August, 8 September and 15 November, in which I asked you to provide evidence to support your allegations, or retract them and apologize. I do not anticipate the courtesy of a reply to this letter.

However, if your conduct in this matter exemplifies what you consider to be "the ethics of the profession," I question your continued involvement with the Ethics Advisory Committee of the College.

**APPENDIX "E"**  
**CORRESPONDENCE with CANADIAN PHARMACEUTICAL JOURNAL**

**17 July, 2000**

**To:** The Editor, Canadian Pharmaceutical Journal

**From:** Administrator, Protection of Conscience Project

Enclosed is an article written in response to a column by Frank Archer that appeared in the May issue of the Journal . . .

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**17 August, 2000**

**To:** The Editor, Canadian Pharmaceutical Journal

**From:** Administrator, Protection of Conscience Project

On 17 July, 2000, I forwarded a manuscript and computer disk with the submission *In Defence of the New Heretics: A Response to Frank Archer* . . .

I have enclosed a stamped, self-addressed envelope for the return of the manuscript if it is not your intention to publish it.

However, I draw your attention to Mr. Archer's accusations, published in the CPJ in his May column, that conscientious objectors believe that they are entitled to lie to and mislead patients, and that they wish to obtain patient consent by dishonest means. No evidence was provided to support these statements.

Publication of unsubstantiated and prejudicial generalizations is known in some forums as "poisoning the workplace environment." I request that the Canadian Pharmaceutical Journal provide evidence to substantiate the accusations, or print a retraction and apology for having published them.

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**15 November, 2000**

**To:** The Editor, Canadian Pharmaceutical Journal

**From:** Administrator, Protection of Conscience Project

. . . On 17 August I forwarded a stamped, self-addressed envelope for the return of the manuscript. An e-mail response to this letter stated that the article was "currently under review for an upcoming issue of the CPJ."



**Protection of Conscience Project**  
**REPORT**  
**2001-01**

In my letter of 17 August, I also drew your attention to Mr. Archer's accusations, published in the CPJ in his May column, that conscientious objectors believe that they are entitled to lie to and mislead patients, and that they wish to obtain patient consent by dishonest means. No evidence was provided to support these statements, and I asked that the Journal provide evidence to substantiate the accusations, or print a retraction and apology for having published them.

Please advise what you intend to do with the article, and when you will provide evidence to support the accusations, or publish a retraction and apology.

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**20 February, 2001**

**To:** The Editor, Canadian Pharmaceutical Journal

**From:** Administrator, Protection of Conscience Project

. . . In my letter of 17 August, I also drew your attention to Mr. Archer's accusations, published in the CPJ in his May column, that conscientious objectors believe that they are entitled to lie to and mislead patients, and that they wish to obtain patient consent by dishonest means. I asked that the Journal provide evidence to substantiate the accusations, or print a retraction and apology for having published them.

As a result of an access to information request, I am now aware that the College of Pharmacists of BC has no evidence to support almost identical statements that appeared in one of its bulletins last year. The publication of unsubstantiated imputations of dishonesty by a regulatory authority is reprehensible. I am concerned that their re-publication by a professional journal has further prejudiced the profession against conscientious objectors. Please advise whether or not you intend to publish a retraction and apology for having published them.

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**Editorial- April 2001**

**Canadian Pharmaceutical Journal**

(Reproduced with permission 24 May, 2001)

Back in August, in the thick of our series on emergency contraception, Sean Murphy, administrator of a group called the Protection of Conscience Project, sent us a letter criticizing a column we published by Frank Archer, a member of the BC College of Pharmacists ethics committee. Said Mr. Murphy: "In his May column (Mr. Archer said) that conscientious objectors believe they are entitled to lie to mislead patients, and that they wish to obtain patient consent by dishonest means." He asked us "to provide evidence to substantiate the accusations, or print a retraction and apology for having published them.."

At the risk of revisiting an offending passage -- but in the interest of fairness here's what Mr. Archer wrote in May: "A third concern is that pharmacists should be able to deny certain legitimate pharmacy services exist, if requested to provide them, or at least to be able to attempt to dissuade such patients, under the guise of patient counselling, by stating religious or moral beliefs as if they were scientific facts. This establishes that lying is justified if pharmacists object to providing contentious services."

To me, Mr. Archer's comments are not the stuff of apologies and retractions.

Important in this example, the article -- an opinion piece -- appeared early in the EC debate and was meant to establish and comment on possible scenarios in the pharmacy. That's shown when Mr. Archer writes that "pharmacists should be able to" deny services, or "be able to attempt" to dissuade patients from trying EC. He does not claim that some pharmacists "do" deny that EC exists, or "do" counsel patients by stating religious or moral beliefs. Instead, he was covering the bases in what was a fairly exhaustive review.

Having said all that, proofreaders will argue that the CPJ confused matters by neglecting the sentence, "this establishes that lying is justified...". And they would be right. It should have read "this would establish," to agree with the rest of the paragraph.

For some, that explanation probably won't do. Emergency contraception is an emotional subject, and pharmacists on both sides have been rigorous in defending their arguments. Mr. Murphy will have to decide if our response is fair, and I suspect he will share his conclusions.

Which leads us to another article -a letter, actually - that might offer some perspective. Consider this passage from our May, 2000, issue: "I am very sorry, but just because a treatment is legal, it does not therefore automatically make it moral. Hitler also legalized mercy killing." By publishing that argument, is the CPJ equating some health professionals with amoral Nazi butchers? No, of course not.

But we won't apologize or retract that comment either.

## NOTES

1. *Code of Ethics, College of Pharmacists of British Columbia, Value IX*: A pharmacist ensures continuity of care in the event of job action, pharmacy closure or conflict with moral beliefs.

*Obligations*: . . . A pharmacist is not ethically obliged to provide requested pharmacy care when compliance would involve a violation of his or her moral beliefs. When that request falls within recognized forms of pharmacy care, however, there is a professional obligation to refer the patient to a pharmacist who is willing to provide the service. The pharmacist shall provide the requested pharmacy care if there is no other pharmacist within a reasonable distance or available within a reasonable time willing to provide the service.

2. Archer, Frank M., "Emergency Contraceptives and Professional Ethics A Critical Review", *Canadian Pharmaceutical Journal*, Vol. 133, No. 4, May, 2000

3. E-mail from Maria Bizecki (Concerned Pharmacists for Conscience) to the Administrator, 3 July, 2000

4. Letter from Maria Bizecki to the Registrar, 2 August, 2000.

5. Letter from Maria Bizecki to the Registrar, 7 September, 2000

6. Minutes of the Code of Ethics Task Force, 22 October, 1996

7. Minutes of the Code of Ethics Task Force, 1 April, 1997

8. Letter from the Registrar to the Administrator (undated), received 14 November, 2000

9. *Code of Ethics, College of Pharmacists of British Columbia, Value VII*: A pharmacist respects the values and abilities of colleagues and other health professionals.

10. Murphy, Sean, *In Defence of the New Heretics: A Response to Frank Archer*.

[www.consciencelaws.org/Conscience-Archive/Conscience-Project-Documents/New-Heretics-Conscience.html](http://www.consciencelaws.org/Conscience-Archive/Conscience-Project-Documents/New-Heretics-Conscience.html)

Benson, Iain, "*Autonomy*", "*Justice*" and the Legal Requirement to Accommodate the Conscience and Religious Beliefs of Professionals in Health Care

[www.consciencelaws.org/Examining-Conscience-Issues/Legal/Articles/Legal04.html](http://www.consciencelaws.org/Examining-Conscience-Issues/Legal/Articles/Legal04.html)

**Protection of Conscience Project**  
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11. Murphy, Sean, *Establishment Bioethics*.

[www.consciencelaws.org/Examining-Conscience-Issues/Ethical/Articles/Ethical16.html](http://www.consciencelaws.org/Examining-Conscience-Issues/Ethical/Articles/Ethical16.html)

Shalit, Ruth, "When we Were Philosopher Kings". *The New Republic* April 28, 1997

[www.consciencelaws.org/Examining-Conscience-Issues/Ethical/Articles/Ethical09.html](http://www.consciencelaws.org/Examining-Conscience-Issues/Ethical/Articles/Ethical09.html)

12. College of Pharmacists of British Columbia *Bulletin*, Vol. 35, No. 6, November/December, 2000

13. Minutes of the Meeting of the Council of the College of Pharmacists of British Columbia, 14 June, 1997, Page 2

14. Minutes of the Meeting of the Council of the College of Pharmacists of British Columbia, 27 March, 1998, Page 15, Appendix 3

15. Bylaws of the Council of the College of Pharmacists of British Columbia, December, 1999: Bylaw 9, paragraph 90(1)

16. College of Pharmacists of British Columbia *Bulletin*, May/June 2000, Vol. 25, No. 3, P. 4

17. Letter from the Registrar to the Administrator, 30 November, 2000

**APPENDIX C**  
**Correspondence & Access to Information Request**  
**Alberta Pharmaceutical Association/Alberta College of Pharmacists**

**Protection of Conscience Project Submission**  
**APPENDIX C**

**30 March, 2000**

**To:** Alberta Pharmaceutical Association

**From:** Administrator, Protection of Conscience Project

I am writing with respect to NAPRA's *Model Statement Regarding Pharmacists' Refusal to Provide Products or Services for Moral or Religious Reasons*, approved by the NAPRA council in November, 1999.

In the first place, I note that the introduction of the statement clearly implies that NAPRA sees no significant moral difference between contraception (however that term is defined) and euthanasia. Moreover, it clearly implies that, should euthanasia be legalized, a pharmacist will have an ethical obligation to assist someone to obtain drugs for that purpose, either by directly dispensing the drug or by referring the patient to another source.

Second: the demand that the conscientious objector is responsible for making alternate arrangements for the patient appears inconsistent with jurisprudence that places the onus for making alternative arrangements on the employer or institution - not the conscientious objector.

Third: the proposed policy appears to have been developed without regard to the teaching of major religious and ethical traditions that assign a moral weight to co-operation with what they judge to be evil. In effect, the policy amounts to an administrative decree that seeks to nullify every contrary moral position.

Substantive questions about the objective morality of contraception, euthanasia or other procedures are not addressed by the Protection of Conscience Project, so it is not necessary to enter into such a discussion with respect to the NAPRA policy. However, if it is the intention of your organization to adopt the NAPRA policy within your jurisdiction, I request that you explain the moral or ethical principles by which you would compel a conscientious objector to do something that he finds morally repugnant.

I also ask that you justify the exclusion from your profession of religious believers and others having conscientious convictions about the value of human life, for that will surely be a consequence of the policy you are proposing.

Finally, I would appreciate it if you would explain what you understand your obligations to be to members of your association vis-à-vis the human rights legislation that exists in different provinces, and the Charter of Rights.

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**Note:** Two further letters were sent to the College/Association in 2000, requesting the courtesy of a reply to the letter of 30 March. The letters were not acknowledged. Project copies of the letters were destroyed by a computer virus in September, 2001.

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**Protection of Conscience Project Submission**  
**APPENDIX C**

**18 May, 2000**

**To:** Mr. Greg Eberhart, Alberta Pharmaceutical Association

**From:** S.Y. [private citizen]

As a certified professional and a small business owner with a number of employees and as a retired school teacher of Junior students and as the wife of a businessman who employs close to one hundred employees during the course of the year, I have some great concerns about Preven and/or any such morning-after pill. Please answer my questions.

1. Preven has been approved as a contraceptive. However, if contraception can and usually does take place soon after intercourse, is not Preven then acting as an abortifacient since it prevents implantation of a fertilized embryo? Why/why not?
2. If Preven (and other such drugs) is being prescribed to young girls, are they made aware of how the drug actually works and of what it does to the conceived child? Who makes them aware and how are the young girls made aware of the consequences of the drug as to its aftereffects on their own body?
3. What if pharmacists, because of moral or religious or social concerns do not want to dispense such drugs as Preven? What does your organization do to protect their job security as well as help them in their moral dilemma?

Please answer my questions and concerns.

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**3 August, 2000**

**To:** College of Pharmacists of Alberta

**From:** Concerned Pharmacists for Conscience

The purpose of this letter is to clarify the position of the College of Pharmacists of Alberta, in regards to the *NAPRA Model Statement Regarding Pharmacists' Refusal to Provide Products or Services for Moral or Religious Reasons*.

Please explain why you permit opting out of dispensing drugs, but require pharmacists to refer. Not only is referral inconsistent with existing human rights jurisprudence, it is contrary to the teaching of major religions and ethical traditions. Before you attempt to make pharmacists live by NAPRA's model statement, name the law that decides that the patient's or NAPRA's, or the College of Pharmacists of Alberta's morals are superior to the individual pharmacist's morals. Please clarify the position of the College of Pharmacists of Alberta, in regards to conscientious objectors and the NAPRA model statement.

**Protection of Conscience Project Submission**  
**APPENDIX C**

NAPRA's model statement implies that there is no significant difference between contraception and euthanasia, two of many such morally controversial products and procedures. This statement is in direct opposition to the Charter of Rights and Freedoms, which guarantees freedom of conscience and religion as a fundamental right. Please clarify the position of the College of Pharmacists of Alberta in regards to conscientious objectors and the NAPRA model statement.

As spokesperson for Concerned Pharmacists for Conscience, I wish to make several points absolutely clear. CPC's objective is for pharmacists to have the right to refuse to participate in procedures they find morally repugnant, without repercussions. CPC equally respects the freedom of conscience of pharmacists who wish to participate, and those who do not wish to participate, in morally controversial procedures. CPC does not promote blocking access or availability, or prevent other pharmacists from participating.

This is fundamentally different from the mentality of opponents of a conscience clause, who try to force their morality on conscientious objectors. It is such opponents who are doing exactly what they accuse conscientious objectors of doing. One must be careful before accusing conscientious objectors of judging, preaching or dissuading patients without providing proof. For example, the BCPhA has made such accusations in their March/April 2000 college bulletin, and Frank Archer accuses "ethical pharmacists" of disrespecting patients and "attempting to persuade patients to share their personal religious viewpoints" in the CPJ (Sept. 1997) and Pharmacy Practice (April 1999).

The Canadian Medical Association has made it clear that it does not endorse the NAPRA model statement. Furthermore, the CMA protects its practitioners from forced participation or referral, as does the American Society of Health System Pharmacists which expects employers to reasonably accommodate conscientious objectors and acknowledge the primacy of individual conscience regarding assisted suicide. Why has the College of Pharmacists of Alberta not followed suit? Is economic self-interest a higher priority than protecting freedom of conscience and religion in the profession of pharmacy?

The June 2000 issue of CPJ demonstrates that access should not be a barrier to conscientious objection, by providing a list of options for patients, particularly those in remote areas. Placing responsibility on the patient to obtain morally controversial products prior to wanting to use them, is an option that can circumvent difficulties for all parties involved.

The CPhA states that "accurate drug information on mechanism of action of ECP's is provided to pharmacists and women". CPC also believes ethical concerns should also be made known to the patient, with the ultimate decision left up to the patient, not the health care worker. For example, Calgary Health Services makes mention of this ethical aspect to patients requesting post-coital interception. Is the College of Pharmacists of Alberta reluctant to mention this, when post-coital interception may be morally abhorrent to patients and pharmacists of the Christian, Muslim and Orthodox Jewish faiths?

I look forward to your response.

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**Protection of Conscience Project Submission**  
**APPENDIX C**

**7 September, 2000**

**To:** Alberta College of Pharmacists

**From:** Concerned Pharmacists for Conscience

Our group has not received a reply to our August 3, 2000 letter about freedom of conscience and religion in the pharmacy workplace, as it relates to NAPRA's *Model Statement Regarding Pharmacists' Refusal to Provide Products or Services for Moral or Religious Reasons*.

NAPRA's model statement implies that there is no significant difference between contraception and euthanasia, two of many such morally controversial products and procedures. This statement is in direct opposition to the Charter of Rights and Freedoms, which guarantees freedom of conscience and religion as a fundamental right. Please clarify the position of the Alberta College of Pharmacists, in regard to the NAPRA model statement.

Please explain why you permit opting out of dispensing drugs, but require pharmacists to refer. Not only is referral inconsistent with existing human rights jurisprudence, it is contrary to the teaching of major religions and ethical traditions.

Before you attempt to make pharmacists live by NAPRA's model statement, please name the law that decides that the patient's or NAPRA's morals are superior to the individual pharmacist's morals. Please clarify the position of the College of Pharmacists of Alberta, in regards to the NAPRA model statement.

The Canadian Medical Association has made it clear that it does not endorse the NAPRA model statement. Furthermore, the CMA protects its practitioners from forced participation or. Why has the College of Pharmacists of Alberta not followed suit? Is economic self-interest a higher priority than protecting freedom of conscience and religion in the profession of pharmacy?

I look forward to your response.

**\_\_\_\_\_**

**2 May, 2001**

**To:** Alberta College of Pharmacists

**From:** Administrator, Protection of Conscience Project

Enclosed is an access to information request (three pages), two letters from individuals granting permission for the release of their personal information, and a money order for \$25.00.

I look forward to hearing from you. Please contact me if you have any questions or require further

**Protection of Conscience Project Submission**  
**APPENDIX C**

information.

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**9 June, 2001**

**To:** Alberta College of Pharmacists

**From:** Administrator, Protection of Conscience Project

Enclosed is an access to information request and a letter from an individual granting permission for the release of her personal information.

I look forward to hearing from you. Please contact me if you have any questions or require further information.

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**6 June, 2001** (Received after the letter of 9 June, 2001, was mailed)

**To:** Administrator, Protection of Conscience Project

**From:** Registrar, Alberta College of Pharmacists

I am writing in response to the "Request to Access Information" form that you sent to our office dated May 2, 2001. Our office received this request on May 10, 2001.

I can advise you that the Alberta College of Pharmacists is not subject to the *Freedom of Information and Protection of Privacy Act* to which your "request" refers. Accordingly, I am returning your money order.

Your access to information request covers a significant period of time and may require examination of voluminous materials. The Alberta College of Pharmacists is not staffed to respond to access to information requests, and accordingly, is not prepared to commit the necessary resources to this task. In addition, some of the documents that you seek would fall within confidential or privileged categories of information.

I trust that you have the minutes of the Annual General Meeting of the Alberta Pharmaceutical Association from 1995. Should Mr. Creighton and Ms. Bizecki wish to have copies of any other minutes of Annual General Meetings, I would be happy to provide them. If you would be so kind as to identify the specific portions that you require, I will have copies made and have them sent to Ms. Bizecki and Mr. Creighton.

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## **Protection of Conscience Project Submission APPENDIX C**

### **Access to Information Request**

Alberta College of Pharmacists

Date of Request: 2 May, 2001

From: Protection of Conscience Project

### **Freedom of Conscience**

1. Correspondence, e-mail, notes, minutes, bulletins, reports, summaries, extracts, policy statements, recommendations, from or to any party, whether on paper, stored in an electronic retrieval system, or on computer disks, CD's, audiotapes or videotapes, dated from 1 January, 1994 to the present, concerning

- a) freedom of conscience and/or religion, conscientious or moral/ethical/religious objection, "conscience clauses"; Sean Murphy, the Protection of Conscience Project, Concerned Pharmacists for Conscience, Maria Bizecki or Barry Creighton;
- b) refusal of pharmacists or health care workers to dispense medication or devices for moral, ethical, or religious reasons;
- c) pharmacists or health care workers dispensing 'emergency contraception', the 'morning after pill', 'post-coital interception', Preven, Plan 'B' or RU486 (Mifepristone);
- d) pharmacists or health care workers dispensing drugs or devices for voluntary or involuntary euthanasia, assisted suicide, suicide, or reproductive technologies.

### **Protection of conscience resolution**

2. Correspondence, e-mail, notes, minutes, bulletins, reports, summaries, extracts, policy statements, recommendations, from or to any party, whether on paper, stored in an electronic retrieval system, or on computer disks, CD's, audiotapes or videotapes, dated from 1 January, 1994 to the present, concerning a resolution about protection of conscience for pharmacists passed at the Annual General Meeting of the Alberta College of Pharmacists in 1995.

### **Disciplinary Matters** [*Note that the original request was accompanied by a signed release from Ms. Bizecki*]

3. Complaints, evidence, opinions, findings, or judgements, and correspondence, e-mail, notes, minutes, bulletins, reports, summaries, extracts, policy statements, recommendations, from or to any party, whether on paper, stored in an electronic retrieval system, or on computer disks, CD's, audiotapes or videotapes, dated from 1 January, 1994 to the present, concerning

- a) the professional conduct of pharmacist Maria Bizecki;
- b) the formation of any group charged with examining, commenting upon, or providing advice about the professional conduct of Maria Bizecki;
- c) policy and criteria for identifying or selecting individuals for the purpose of the consultation described in 3(b);
- d) the academic and professional qualifications and experience of the individuals referred to in 3(b) and (c) relevant to their role in examining or commenting upon ethical or moral issues.

## **Protection of Conscience Project Submission**

### **APPENDIX C**

#### **Ethics Committees**

4. Correspondence, e-mail, notes, minutes, bulletins, reports, summaries, extracts, policy statements, recommendations, from or to any party, whether on paper, stored in an electronic retrieval system, or on computer

#### **Access to Information Request**

**Alberta College of Pharmacists**

**Date of Request: 2 May, 2001**

**From: Protection of Conscience Project**

disks, CD's, audiotapes or videotapes, dated from 1 January, 1994 to the present, concerning

- a) formation of an ethics advisory committee, or of any committee charged with examining, commenting upon, or providing advice about ethical issues in pharmacy;
- b) policy on qualifications for appointment to a committee described in 4(a)
- c) policy on the process to be followed in applying for membership in a committee described in 4(a);
- d) policy on the process to be followed in appointing members to a committee described in 4(a);
- e) the number of current members of any committee of the Alberta College of Pharmacists described in 4(a), and their academic and professional qualifications and experience relevant to their role in examining or commenting upon ethical or moral issues;
- f) the number of rejected applications for membership on committees of the Alberta College of Pharmacists described in 4(a) received by the College since 1 January, 1994, and the reasons for rejection.

#### **Ethics Consultation**

5. Correspondence, e-mail, notes, minutes, bulletins, reports, summaries, extracts, policy statements, recommendations, from or to any party, whether on paper, stored in an electronic retrieval system, or on computer disks, CD's, audiotapes or videotapes, dated from 1 January, 1994 to the present, concerning

- a) consultation by the Alberta College of Pharmacists or its representatives with individuals, institutions, associations or organizations for the purpose of obtaining advice, guidance, suggestions on ethical or moral issues, including but not limited to freedom of conscience and conscientious objection;
- b) policy and criteria for identifying individuals, institutions, associations or organizations for the purpose of the consultation described in 5(a);
- c) the number of times consultation of the type described in 5(a) has occurred, and the subject(s) of the consultation in each case;
- d) the academic and professional qualifications and experience of the consultants referred to in 5(a) and (c) relevant to their role in examining or commenting upon ethical or moral issues.