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College of Physicians and Surgeons of Ontario
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The Christian Medical and Dental Society of Canada and the Canadian Federation of Catholic Physician Societies would like to provide a Christian perspective on the review of Physicians and the Human Rights Code. In addition, we attach legal submissions prepared by our counsel, for your consideration. The legal submissions assert that conscience rights are guaranteed by the Charter of Rights and Freedoms and that they apply directly to the professional governance function of the College. They also establish that declining to provide service does not necessarily constitute discrimination as it relates to services and not classes of individuals.

The Christian physician comes to their vocation out of a desire to help patients and to follow in the footsteps of Jesus Christ who healed those who were sick. Indeed, it is through their relationship with Christ that the Christian physician finds the source of compassion for their patient care. The privilege of following Christ comes with a responsibility, however. Jesus Christ, who is the source of boundless love, also calls us to a profound respect for human life that is a gift from God. This means that certain procedures, prescriptions and “therapies” must be avoided - for the good of the patient and the physician, who may not participate in them without affecting their relationship with Christ.

The Christian physician must be able to be true to their faith in Christ because that relationship is the cornerstone of their integrity, compassion and vocation to care for the sick. In this sense, the Christian physician is following in a great tradition of Christian healthcare in Canada that began with the first European settlers in the 17th century.

At the same time, the Christian physician understands that many people in our society may not share the Christian faith or the same moral convictions. As Christ was open to healing all, so the Christian physician is open to serving all patients who come to them. Discrimination is not the way of Christ and should not be the way of the Christian physician.
But just as the attitudes and lifestyle of patients is accepted, while perhaps not agreed with, so the Christian physician asks for the same tolerance in return from patients. There will be times that the Christian physician will not be able to provide the procedure, prescription or service that the patient requests because of the physician's moral or religious beliefs. These views may also be supported by scientific evidence or clinical judgement. There will be times when the Christian physician must respect the patient's viewpoint even though they believe it is in error. The Christian physician will not ridicule the patient's choice, nor will they impede it. But they must not be asked to collaborate in something they believe to be morally wrong.

Our members report that this difference of opinion and worldview need not create a rupture in the physician/patient relationship. Many of our members find that patients respect for their doctor increases when they are open and honest about these conflicts. Many patients return to their Christian physician after they have accessed the controversial service from another practitioner. This is because they respect their physician's moral integrity and know that they would never do anything intentionally to harm them.

Referral is as problematic as actually performing the controverted procedure. In a referral, the physician is essentially recommending that the procedure needs to be done, and expects that the physician who receives the referral will do it. This is morally equivalent to doing the action. Members are more open to providing the patient with information about how to access the service, if that is required by the governing body.

If Christian physicians are forced to participate in activities that go against their Christian faith, the College will do great damage to many well-qualified physicians who are currently making significant contributions to health care in Canada. In doing so, the College will be alienating the Christian physician from the source of their compassion and their caring, their relationship with Christ, by asking the physician to do something which is against the will of God and their conscience. Many Christian physicians will be forced to leave their specialty area or the practice of medicine altogether. We are already seeing a disturbing trend among our members, as physicians are leaving practices that have higher rates of moral or ethical conflicts. We have even met students in other faculties who expressed interest in medicine but decided against it because of these types of conflicts. We have learned that in Sweden, obstetrician/gynaecologists must perform an abortion during their training in order to be qualified to practice.

This is discrimination. It is the systematic disqualification of perfectly acceptable candidates because of their religious beliefs. If unchecked, this direction will result in whole specialties that are off limits to Christian physicians. As reflected in the legal submission we have prepared, such a policy could be deemed to be unconstitutional. We sincerely hope and pray that the College will assert the constitutional rights of Christian physicians of freedom of conscience and religion, effectively saying no to
religious discrimination in the practice of medicine in Ontario. Christian physicians need the support of their governing body in this regard.

Christian physicians are concerned about conscience protection for non-Christian physicians as well. Followers of other religions and adherents of secular worldviews can object to involvement in procedures based on their creed. We must therefore extend our statements to our colleagues who have similar concerns. We suggest that should physician assisted suicide in Canada be legalized, many physicians will find themselves not wanting to participate, because euthanizing patients is not why they entered medicine in the first place. Conscience protection will be essential to allow these doctors to stay in practice. This issue affects many more physicians than just those who are Christian.

Canada is a tolerant country in which people from all sides are able to sit with each other and come up with solutions that benefit everyone. Forcing physicians to refer for, or perform procedures that are against their faith or creed is exclusionary, discriminatory and highly corrosive of professional ethics and integrity. It is not in keeping with the Canadian tradition of being open to all beliefs and cultures.

We hope that the College will resist the pressures to the contrary.
College of Physicians and Surgeons Ontario
Policy #5-08: Physicians and the Human Rights Code
Submissions from the Christian Medical and Dental Society and the Canadian Federation of Catholic Physicians' Societies to the College of Physicians and Surgeons of Ontario

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Executive Summary

The Christian Medical and Dental Society of Canada ("CMDS") and the Canadian Federation of Catholic Physicians' Societies ("CFCPS") represent Evangelical and Roman Catholic physicians from across Canada.

The CMDS and the CFCPS support the protection of human rights and advocate adherence to the Ontario Human Rights Code (the "Code"). The CMDS and CFCPS recognize that the Code prohibits physicians from discriminating against patients on prohibited grounds. While the Code imposes obligations on physicians, at the same time, it also provides physicians with protection from discrimination in their employment relationships and in their relationship with the College of Physicians and Surgeons of Ontario (the "College"); a protection CMDS and CFCPS physicians consider important in the context of the current review by the College.

The CMDS and CFCPS recognize that in rare cases a conflict of rights may arise between a patient and a physician. In these rare cases, both the patient and the physician will have human rights or civil liberties which may be determined to be in competition with one another. In such circumstances, there is to be a balancing of the competing rights if both cannot be met.

In the majority of cases where a conflict between physicians' and patients' rights is purported to exist, the CMDS and the CFCPS submit that this is due to a misunderstanding of what constitutes human rights and what constitutes discrimination. In such cases, no true conflict or competition of rights exists.

The CMDS and CFCPS take the position that in its current form, Policy #5-08: Physicians and the Ontario Human Rights Code (the "Policy") does not adequately deal with physicians' human rights, which include but are not limited to the right to freedom of conscience and freedom of religion and that it does not accurately reflect the law in this regard.

Both the Policy and the actions of the College are subject to the Canadian Charter of Rights and Freedoms (the "Charter"), which is Canada's supreme law. The Charter guarantees all individuals, including physicians, the right to freedom of religion and freedom of conscience. The CMDS and the CFCPS propose the following amendments in an effort to assist the College in its revision of the Policy. The following paragraphs propose alternative wording for the sections of the Policy which are of concern.

"Policy" – Page 2

This section fails to recognize the supremacy of the Charter, which protects physicians' right to freedom of conscience and freedom of religion. The section further fails to recognize that all
rights provided under the Code are to be understood and interpreted in light of the underlying values and principles of the Charter. The Policy also fails to provide proper guidance for the balancing of competing rights. The Policy, as currently established, has a chilling effect on physicians who may wish to exercise their Charter right to freedom of religion or freedom of conscience.

The CMDS and the CFCPS propose removing the words “Compliance with the Code is one factor the College will consider when evaluating physician conduct.”

“Guidelines – ii) Moral or Religious Beliefs” – Page 3

This section is drafted in such a way as to have a chilling effect on physicians who wish to integrate their personal beliefs, which include religious and conscious beliefs, into their medical practices.

The CMDS and the CFCPS propose adding “While the College respects physicians’ freedom of conscience and freedom of religion, the College encourages physicians who find themselves in such a position to seek legal advice on how to ensure compliance with the Code without sacrificing their rights and freedoms.” Adding this sentence would communicate to physicians that the College recognizes their Charter and Code rights.


This section of the Policy is drafted in a way which suggests to physicians that their rights to freedom of conscience or freedom of religion are secondary to obligations under the Code. The Policy goes beyond the rare circumstances in which a physician’s rights may conflict with a patient’s rights, and instead speaks of a potential situation where a physician’s rights conflict with a patient’s “need or desire for medical procedures or treatments”.

The CMDS and the CFCPS have grave concerns with the language used in this section. While the Code does impose a duty not to discriminate on prohibited grounds, it does not impose a duty to perform medical procedures or treatments at a patient’s request.

The CMDS and the CFCPS submit that “religious beliefs” should be replaced with “religious beliefs or conscience beliefs” and that the words “a patient’s need or desire for medical procedures or treatments” should be replaced with “a prohibited ground of discrimination as set out in the Code”. This replacement would ensure the Policy accurately distinguishes between a patient’s rights and desires.
The Policy sets out the College’s expectations with regards to a physician who declines to accept an individual as a patient or chooses to end a physician and patient relationship on the basis of the physician’s moral or religious belief. The Policy speaks of providing a referral for the patient. For some physicians however, certain referrals are equally offensive to religious or conscience beliefs as the provision of the services, treatment or pharmaceutical itself.

The CMDS and the CFCPS propose replacing the words “and in some circumstances” with “and, if appropriate in the circumstances.”. The addition of “if appropriate” will make it clear to physicians that they are not required to provide referrals for procedures, treatments or pharmaceuticals to which they object on conscience or religious grounds.

Conclusion

The CMDS and CFCPS believe in equality and respect for all individuals. To maintain equality and respect for all, we must, as a society, be cognizant of the fact that differences do exist. With differences of opinion and belief inevitably come some tensions. Tension however, does not constitute discrimination.

By making the proposed amendments, the Policy will accomplish its stated goal of ensuring physicians are aware of their obligations under the Code without jeopardizing their Charter rights to freedom of religion and freedom of conscience.
1. The Christian Medical and Dental Society of Canada and the Canadian Federation of Catholic Physicians’ Societies

1. The Christian Medical and Dental Society of Canada and the Canadian Federation of Catholic Physicians’ Societies represent Evangelical and Roman Catholic physicians across Canada.

The Christian Medical and Dental Society of Canada

2. The Christian Medical and Dental Society of Canada ("CMDS") is a national and interdenominational association of Christian doctors and dentists who strive to integrate their Christian faith with medical or dental practice with 1673 members across Canada, representing a wide variety of specialties and practice types and many different Christian denominations.

3. Each of the CMDS’ members subscribes to its Statement of Faith which acknowledges the divine inspiration, infallibility and supreme authority of Holy Scripture.

4. The Christian Medical and Dental Society’s membership includes approximately 1,500 Catholic and Protestant Evangelical Christian physicians and medical students across Canada. Over 90% of the CMDS’ members identify as Protestant Evangelicals and represent many different Christian denominations.

The Canadian Federation of Catholic Physicians’ Societies

5. The Canadian Federation of Catholic Physicians’ Societies ("CFCPS") is a national association of Catholic Physicians’ guilds, associations and societies from eleven cities across Canada.

6. The CFCPS’ purposes include “To contribute to the development of public policy in relation to medical ethics and health care, in accordance with the dignity and worth of human life.”
Position of the CMDS and the CFCPS

7. The CMDS and the CFCPS support the protection of human rights and advocate adherence to the *Ontario Human Rights Code*¹ (the “Code”). On this basis, the CMDS and CFCPS recognize that the Code prohibits physicians from discriminating against their patients on prohibited grounds. At the same time, the CMDS and CFCPS recognize that the Code imposes obligations on physicians, it also provides physicians with protection from discrimination in their employment relationships and in their relationship with the College of Physicians and Surgeons of Ontario (the “College”).

8. While patients have the right to equal treatment and the equal provision of services, the CMDS and CFCPS recognize that in rare cases, a conflict of rights may arise between a patient and a physician. In these rare cases, both the patient and the physician will have certain competing human rights or civil liberties which cannot both be met.

9. In the majority of cases where a conflict between physicians’ rights and patients’ is purported to exist, the CMDS and the CFCPS submit that this is due to a misunderstanding of what constitutes human rights and what constitutes discrimination. In these cases, no true conflict of rights exists.

10. For example, if a physician declines to perform vasectomies on conscience or religious grounds, that physician is not discriminating against men. If however, the physician declines to perform vasectomies on certain men from a particular ethnic background, then the physician is discriminating against individuals of that particular ethnic background.

11. In the rare cases however where actual rights are in conflict, the CMDS and CFCPS advocate and propose a balancing of rights and an accommodation of the rights at issue which results in the least or lesser violation of either rights.

12. The CMDS and CFCPS take the position that the current policy, Policy #5-08: *Physicians and the Ontario Human Rights Code* (the “Policy”) does not adequately deal with physicians’ human rights, which include but are not limited to the right to freedom of

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conscience and freedom of religion and that it does not accurately reflect the law in this regard.

13. The CMDS and CFCPS therefore propose certain and specific amendments to the Policy to ensure that it complies with the relevant law and achieves its purpose of helping physicians understand their rights and obligations under the Code.

2. Scope and Purpose of Submissions

14. The CMDS and the CFCPS make the following submissions in an effort to assist the College in its revision of the Policy.

15. As set out above, the CMDS and the CFCPS support the protection of human rights as set out in the Code, however, the CMDS and the CFCPS have concerns regarding the effect the Policy has and will have on the exercise of physicians' conscience and religious freedoms.

16. On this basis, the CMDS and the CFCPS offer the College the following brief submissions on Canadian law as it relates to the Code and physicians' freedom of conscience or freedom of religion.

17. The purpose of these submissions is to assist the College in revising the Policy with an approach to the Code which complies with all relevant laws and which respects the individual human rights of everyone, including the Constitutionally guaranteed rights to freedom of religion and conscience of physicians.

3. Legal Framework

The Ontario Human Rights Code

18. The Code is a provincial piece of legislation which has an equivalent in each of Canada's provinces or territories. The Code applies to all Ontarians who act as employers or who provide services to the general public.
19. The Code prohibits discrimination with respect to services, goods and facilities on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

20. The Code also requires that individuals from the protected grounds have their needs accommodated to the point of undue hardship.

21. In determining if accommodation is an undue hardship, Courts and Tribunals consider the cost of accommodation, the existence of any outside sources of funding for the accommodation and any health and safety requirements associated with the accommodation.

The Canadian Charter of Rights and Freedoms

22. In 1982, following a reference to the Supreme Court of Canada and with the support of all provincial governments except Quebec, the Governments of the United Kingdom and Canada passed the Constitution Act, 1982. The first 34 sections of the Constitution Act, 1982 are known as the Canadian Charter of Rights and Freedoms (the "Charter").

23. The Charter applies to both federal and provincial governments. The Charter can apply to a private or quasi-governmental entity if that entity is controlled by the government, is implementing a government program or is regulating a profession on behalf of the government. Other relationships, such as between two individuals or between an employer and an employee or a physician and a patient, are not subject to the Charter. Disputes in this context will generally take place under the Human Rights Code of the province in which they occur; although in light of relevant human rights values and principles as developed under the Charter.

24. An individual can bring a Charter challenge if their Charter rights have been violated, and s/he has automatic standing to bring forward a claim. Individuals can challenge government
action, government legislation or non-governmental action taken pursuant to statutory authority.

25. While the Policy deals with the Code, it is important to acknowledge and remember that the Code, as well as any policy issued by the College, must also adhere to the Charter, the supreme law of Canada.

26. It is important then, that in revising the Policy, the College understand and acknowledge its obligations, not only under the Code, but also under the Charter.

The Charter's application to College policy

27. In determining whether and how the Charter applies to the College's preparation, implementation and enforcement of the Policy, we must first consider the statutory framework which grants the College the authority to do so.

28. The College was created and derives its authority to regulate the practice of medicine in Ontario from the Regulated Health Professions Act and the Medicine Act as well as their regulations.

29. The Charter applies to organizations such as the College which are part of the apparatus of government or are delegates of statutory authority. Even though the College is not directly linked to or controlled by government and is therefore not a government body, the Charter applies to the College when it exercises its statutory discretion to regulate the practice of medicine in Ontario pursuant to the Regulated Health Professions Act and the Medicine Act either by creating policies or disciplining members. The College is therefore required, in these instances, to make decisions that are consistent with the Charter.

30. All state action which violates the Charter is of no force or effect. The Charter also applies to private entities carrying out a specific government policy and to public bodies delegated

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6 Regulated Health Professions Act, S.O. 1991, Chapter 18 [RHPA].
9 Constitution, supra note 4, at sections 32, 52.
power by the provincial or federal Crown. The Charter therefore clearly applies to the College.

31. The practical outworking of the Charter's application to the College is that the College must consider the Charter when exercising its statutory discretion under the Regulated Health Professions Act and the Medicine Act in preparing, implementing and enforcing policies. This issue was dealt with by the Supreme Court of Canada in its recent decision, Doré v. Barreau du Québec ("Doré").

32. In Doré, the Supreme Court of Canada considered whether the Barreau du Québec’s Disciplinary Council failed to respect a lawyer’s freedom of expression under s. 2(b) of the Charter in its decision reprimanding him for writing an inflammatory letter to a judge. In Doré, the Supreme Court considered how Charter guarantees and Charter values are to be protected in the exercise of administrative decisions of regulatory bodies made pursuant to statutory authority.

33. In its decision, the Supreme Court of Canada concluded that administrative decision-makers are required to consider the Charter in their exercise of statutory authority. Specifically, the Supreme Court stated:

[55] How then does an administrative decision-maker apply Charter values in the exercise of statutory discretion? He or she balances the Charter values with the statutory objectives. In effecting this balancing, the decision-maker should first consider the statutory objectives. In Lake, for instance, the importance of Canada’s international obligations, its relationships with foreign governments, and the investigation, prosecution and suppression of international crime justified the prima facie infringement of mobility rights under s. 6(1). (para. 27). In Pinet, the twin goals of public safety and fair treatment grounded the assessment of whether an infringement of an individual’s liberty interest was justified (para. 19).

[56] Then the decision-maker should ask how the Charter value at issue will best be protected in view of the statutory objectives. This is at the core

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12 Doré, supra note 11, at para. 3.
13 Doré, supra note 11, at paras. 24 and 35.
of the proportionality exercise, and requires the decision-maker to balance the severity of the interference of the Charter protection with the statutory objectives. This is where the role of judicial review for reasonableness aligns with the one applied in the Oakes context. As this Court recognized in RJR-MacDonald Inc. v. Canada (Attorney General), [1995] 3 S.C.R. 199, at para. 160, “courts must accord some leeway to the legislator” in the Charter balancing exercise, and the proportionality test will be satisfied if the measure “falls within a range of reasonable alternatives”. The same is true in the context of a review of an administrative decision for reasonableness, where decision-makers are entitled to a measure of deference so long as the decision, in the words of Dunsmuir, “falls within a range of possible, acceptable outcomes (para. 47).” [Emphasis added]

34. In its preparation, implementation and enforcement of the Policy, the College is required to consider, and must be guided by, the values and principles of the Charter.

Physicians' rights under the Charter

35. The Charter plays an important role in guaranteeing rights for physicians. Of primary concern to the CMDS and CFCPS are physicians’ conscience rights, including those informed by religious beliefs.

36. Section 2(a) of the Charter guarantees the right to freedom of religion and conscience.\textsuperscript{14}

Freedom of religion

37. \textit{R. v. Big M Drug Mart}\textsuperscript{15} (“Big M”) is arguably the most influential case with respect to freedom of religion in Canada. As such, it provides us with the framework from which a court should address questions of religious freedom. In Big M, a Calgary pharmacy was charged for doing business on a Sunday contrary to the \textit{Lord's Day Act} of the time. Big M questioned the constitutionality of the \textit{Lord's Day Act} and eventually won its case.

38. In the Supreme Court’s decision, Justice Dickson described freedom of religion as guaranteed by the Charter. He stated:

\textsuperscript{14} Section 2(a) of the Charter reads:
“2. Everyone has the following fundamental freedoms:
(a) freedom of conscience and religion;”

The essence of the concept of freedom of religion is the right to entertain such religious beliefs as a person chooses, the right to declare religious beliefs openly and without fear of hindrance or reprisal, and the right to manifest religious belief by worship and practice or by teaching and dissemination.  

39. In *R. v. Edwards Books*¹⁷, another leading Supreme Court of Canada case, Dickson C.J. defined the purpose of section 2(a) of the Charter, and freedom of religion as follows:

> The purpose of s. 2(a) is to ensure that society does not interfere with profoundly personal beliefs that govern one’s perception of oneself, human nature, and in some cases, a higher or different order of being. These beliefs, in turn, govern one’s conduct and practices.¹⁸ [Emphasis added]

40. Additionally, the Supreme Court of Canada has also found freedom of religion to include, among other elements:

a) the right to entertain such religious beliefs as a person chooses,¹⁹
b) the right to declare religious beliefs openly,²⁰
c) the right not to have society interfere with profoundly personal beliefs,²¹
d) the right to engage in conduct that may not be recognized by religious experts as being obligatory tenets or precepts of a particular religion,²² and,
e) the freedom to undertake practices and harbour beliefs, having a nexus with religion in order to connect with the divine or as a function of spiritual faith.²³

**Freedom of conscience**

41. Freedom of conscience is not as straightforward as freedom of religion. Few cases have explored the contours of this freedom and future litigation is needed to more fully develop this area of the law. What is clear however is that non-religious individuals are included in the freedoms under section 2(a) of the Charter. Indeed, in her concurring reasons in *R. v.

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¹⁵ *Big M*, supra note 15, at para. 94.
¹⁸ *Big M*, supra note 15, at para. 94.
¹⁹ *Big M*, supra note 15, at para. 94.
²² *Amselem, supra note 22*, at para. 46.
Morgentaler,\textsuperscript{24} Wilson J. clearly stated that freedom of conscience and religion, while often related, do not need to be. She stated:

It seems to me, therefore, that in a free and democratic society "freedom of conscience and religion" should be broadly construed to extend to conscientiously-held beliefs, whether grounded in religion or in a secular morality. Indeed, as a matter of statutory interpretation, "conscience" and "religion" should not be treated as tautologous if capable of independent, although related, meaning.\textsuperscript{25}

42. Indeed, the Federal Court of Appeal has stated that:

It seems, therefore, that freedom of conscience is broader than freedom of religion. The latter relates more to religious views derived from established religious institutions, whereas the former is aimed at protecting views based on strongly held moral ideas of right and wrong, not necessarily founded on any organized religious principles. These are serious matters of conscience. Consequently the appellant is not limited to challenging the oath or affirmation on the basis of a belief grounded in religion in order to rely on freedom of conscience under paragraph 2(a) of the \textit{Charter}. For example, a secular conscientious objection to service in the military might well fall within the ambit of freedom of conscience, though not religion. However, as Madam Justice Wilson indicated, 'conscience' and 'religion' have related meanings in that they both describe the location of profound moral and ethical beliefs, as distinguished from political or other beliefs which are protected by paragraph 2(b).\textsuperscript{26}

43. Though the jurisprudence on freedom of conscience is sparse, what is clear is that freedom of conscience exists and it exists to protect beliefs which are not necessarily grounded in religious tradition or belief; as well as religious beliefs.

The \textit{Charter}'s role in relation to the Policy and the \textit{Ontario Human Rights Code}

44. All legislation in Canada must comply with the \textit{Charter}, which affords the right to freedom of conscience and religion (section 2(a)). The \textit{Code} therefore, must comply with the \textit{Charter}.

45. This being the case, if the \textit{Code} was found to violate the \textit{Charter} or an individual's \textit{Charter} rights, the impugned portions of the \textit{Code} would have to be struck down unless the violation

\textsuperscript{25} \textit{Morgentaler}, supra note 24, at para. 313.
\textsuperscript{26} \textit{Booch v. Canada (Minister of State for Multiculturalism and Citizenship)}, [1994] 2 FC 406, at para. 25.
could be saved by virtue of section 1 of the Charter, which permits violations prescribed by law as can be demonstrably justified in a free and democratic society.\textsuperscript{27}

46. Similarly, any government action or administrative action taken pursuant to statutory authority, such as action taken by the College, which results in a violation of Charter rights would be deemed unconstitutional and would be overturned.

47. On this basis, and as stated by the Supreme Court of Canada in Doré as set out above, the College must consider Charter values and any Charter rights at play when it makes decisions, either regarding discipline or regarding policy.

48. It is on this basis that the CMDS and the CFCPS urge the College to ensure that the Policy not result in or encourage the violation of physicians' freedom of religion and conscience as protected by the Charter. If the Policy results in the violation of physicians' Charter rights, the Policy and the College will be vulnerable to a legal challenge on constitutional grounds.

49. Indeed, the Supreme Court of Canada recognized that the protection of freedom of religion is jealously guarded and that where a conflict between another right, in that case the right to same-sex marriage and the right to freedom of religion occur, any legislative provision causing the conflict would fail. The Supreme Court stated, in Reference re Same-Sex Marriage:\textsuperscript{28}

\textsuperscript{27} Section 1 of the Charter reads:
"1. The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."

\textsuperscript{28} Reference re Same-Sex Marriage, [2004] 3 SCR 698 ["Same-Sex Marriage"].
should impermissible conflicts occur, the provision at issue will by definition fail the justification test under s. 1 of the Charter and will be of no force or effect under s. 52 of the Constitution Act, 1982. In this case the conflict will cease to exist. \[^{29}\]

50. The CMDS and the CFCPS therefore, make the following submissions and propose the following amendments to the Policy.

51. The CMDS and the CFCPS submit that the following proposed amendments assist the Policy in achieving its goal of ensuring physicians are aware of their obligations under the Code, while not jeopardizing the Charter rights to freedom of religion and freedom of conscience of physicians.

4. Analysis and Recommended Amendments

A. “Policy” – Page 2

52. The CMDS and CFCPS endorse the application of the Human Rights Code to the provision of medical services and the acknowledgement that the College is not in a position to create new Human Rights law. The approach set out in this section however, fails to acknowledge and recognize the supremacy of the Charter and the role the Charter plays in alleged infractions of the Code.

The Concern

53. The second paragraph of this section reads as follows:

While the College does not have the expertise or the authority to make complex, new determinations of human rights law, physicians should be aware that the College is obliged to consider the Code when determining whether physician conduct is consistent with the expectations of the profession. Compliance with the Code is one factor the College will consider when evaluating physician conduct.

[^{29}]: Same-Sex Marriage, supra note 28, at paras. 52-53.
54. The CMDS and the CFCPS have concerns that in the rare cases where there a conflict of rights between a patient and a physician actually does exist, the Policy discourages or fails to provide guidance required to engage in a proper analysis and balancing of competing rights.

The Relevant Law

55. All individuals who either employ individuals or provide services to the general public are bound by and must adhere to the Code. This being the case, service providers, including physicians, cannot discriminate in their provision of services on the prohibited grounds set out in the Code which include: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.  

56. Refusal by a physician to treat or accept a new patient, even if that decision is based on the patient or prospective patient’s race, creed, gender or other prohibited ground however, does not necessarily mean that the physician is in breach of the Code. In some cases, the Code permits exceptions to the “no discrimination” rule. In other cases, the Code’s prohibition could be found to be an unconstitutional violation of the physician’s Charter rights as set out above.

57. In these rare cases, the Ontario Human Rights Tribunal or the Courts would engage in a balancing of the competing rights at play.

58. In the hypothetical situation where a physician’s Charter rights are in conflict with a patient or prospective patient’s Code rights, the Courts would consider whether there is protection for the patient under the Charter. For example, section 15 of the Charter guarantees equal treatment under the law without discrimination on the basis of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

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30 Code, supra note 1, at section 1.
31 Section 15(1) of the Charter reads: “15. (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.”
59. The enumerated grounds at section 15 of the Charter are important because they are more narrow than those listed in the Code.

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<th>Charter of Rights and Freedoms</th>
<th>Ontario Human Rights Code</th>
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<td>d) Religion;</td>
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<td>o) Disability 33</td>
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60. Given the supremacy of the Charter, in situations where a Charter right is in conflict with a Code right, the starting point of the Courts will be to side with the Charter right unless the Code right falls into what is called an “analogous ground”.

61. The enumerated grounds set out in section 15(1) of the Charter are prefaced with the words “in particular”. The use of these words indicates that the enumerated grounds are not exhaustive.

62. To date, there have been a number of analogous grounds found to be protected under section 15(1) of the Charter. These include, but are not limited to:

   a) Citizenship;
   b) Sexual orientation;
   c) Marital status; and,

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32 Charter, supra note 5, at section 15(1).
33 Code, supra note 1, at section 1.
d) Aboriginal residence/off-reserve band member status.

63. Although some of the grounds of discrimination prohibited by the Code have been found to be analogous grounds, many are not.

64. The test for determining a ground of discrimination protected by section 15(1) of the Charter was confirmed by the Supreme Court in R. v. Kapp\(^\text{34}\). Previously, the test had included a requirement that the dignity of the claimant be affected. In Kapp, the problems with the dignity analysis were recognized and the dignity analysis was jettisoned\(^\text{35}\).

65. The test, as confirmed in Kapp is set out as follows:

   1. Does the law create a distinction based on an enumerated or analogous ground?
   2. Does the distinction create a disadvantage by perpetuating prejudice or stereotyping?\(^\text{36}\)

66. Unless this exercise has been undertaken, the Courts would be required to give preferential treatment to the Charter right over the Code right. In a case however, of two Charter rights that are in conflict, the Court would engage in a balancing of the competing rights.

67. Perhaps the leading case on the balancing of competing Charter rights is Trinity Western University v. British Columbia College of Teachers\(^\text{37}\).

68. Trinity Western University, a private Christian university, required its students to sign a community standards document in which they agreed to refrain from biblically prohibited activities.\(^\text{38}\) Trinity Western applied to the British Columbia College of Teachers to have their teacher training program accredited because at the time, students of the B. Ed. program were required to attend a public university in their final year to receive accreditation.\(^\text{39}\) The College

\(^{34}\) *R. v. Kapp*, [2008] 2 SCR 483 (*Kapp*).

\(^{35}\) *Kapp*, supra note 34, at paras. 21 and 22.

\(^{36}\) *Kapp*, supra note 34, at para. 17.

\(^{37}\) *Trinity Western University v. British Columbia College of Teachers*, [2001] 1 S.C.R. 772 (*"Trinity Western*").

\(^{38}\) *Trinity Western*, supra note 37, at para. 4.

\(^{39}\) *Trinity Western*, supra note 37, at para. 32.
of Teachers refused on the ground that the university’s prohibition against homosexual behaviour was discriminatory.\textsuperscript{40} Trinity Western applied for judicial review and had their application granted.\textsuperscript{41} The decision was appealed by the College of Teachers to the British Columbia Court of Appeal and later to the Supreme Court of Canada.\textsuperscript{42}

69. In \textit{Trinity Western}, the Supreme Court of Canada had to determine whose rights, if anyone’s, would prevail in an apparent conflict of religious freedom as protected by section 2(a) of the \textit{Charter} and freedom from sexual orientation-based discrimination as protected by section 15(1) of the \textit{Charter}. Although the \textit{Charter} provides for freedom of religion as well as freedom from sexual orientation-based discrimination, the Supreme Court suggested that the \textit{Charter} must be read as a whole so as not to privilege one right over another.\textsuperscript{43} It stated:

\begin{quote}
Consideration of human rights values in these circumstances encompasses consideration of the place of private institutions in our society and the reconciling of competing rights and values. Freedom of religion, conscience and association coexist with the right to be free of discrimination based on sexual orientation.\textsuperscript{44}
\end{quote}

70. In the case of competing rights then, conflicts can only be avoided through the proper delineation of the rights and values which are in question.\textsuperscript{45} To avoid conflict, the Courts must properly define the scope of the rights while remembering that neither the freedom of religion nor the guarantee against sexual orientation-based discrimination is absolute.\textsuperscript{46} This is to ensure the full protection of both rights whenever possible.

71. In \textit{Trinity Western}, the Supreme Court concluded that the British Columbia College of Teachers was correct to evaluate the impact of Trinity Western’s admission policy upon the public school environment, but that it did so in an inappropriate manner.\textsuperscript{47}

\begin{quote}
There is no denying that the decision of the BCCT places a burden on members of a particular religious group and in effect, is preventing
\end{quote}

\textsuperscript{40} \textit{Trinity Western}, supra note 37, at para. 19.
\textsuperscript{41} \textit{Trinity Western}, supra note 37, at para. 7.
\textsuperscript{42} \textit{Trinity Western}, supra note 37, at para. 8.
\textsuperscript{43} \textit{Trinity Western}, supra note 37, at para. 31.
\textsuperscript{44} \textit{Trinity Western}, supra note 37, at para. 34.
\textsuperscript{45} \textit{Trinity Western}, supra note 37, at para. 29.
\textsuperscript{46} \textit{Trinity Western}, supra note 37, at para. 29.
\textsuperscript{47} \textit{Trinity Western}, supra note 37, at para. 30.
them from expressing freely their religious beliefs and associating to put them into practice. If TWU does not abandon its Community Standards, it renounces certification and full control of a teacher education program permitting access to the public school system. Students are likewise affected because the affirmation of their religious beliefs and attendance at TWU will not lead to certification as public school teachers unless they attend a public university for at least one year. These are important considerations. What the BCCT was required to do was to determine whether the rights were in conflict in reality.\textsuperscript{48}

\[\ldots\]

Even though the requirement that students and faculty adopt the Community Standards creates unfavourable differential treatment since it would probably prevent homosexual students and faculty from applying, one must consider the true nature of the undertaking and the context in which this occurs.\textsuperscript{49}

72. To properly deny Trinity Western accreditation, concluded the Supreme Court, the British Columbia College of Teachers would have had to base their reasoning on solid and concrete evidence of discriminatory conduct.\textsuperscript{50} If Trinity Western were to be denied accreditation simply because of their Community Standards, it would be akin to barring all members of Christian churches from teaching. Trinity Western thus serves as an appropriate guide in dealing with competing rights and determining whose rights will prevail.

73. Along the same rationale as Trinity Western, forcing a physician to deny his or her conscience or religious beliefs because of possible violations of the Code could be akin to barring all physicians who hold deep and sincere religious or moral beliefs.

\textit{The Proposed Amendment}

74. The CMDS and CFCPS propose removing the words “Compliance with the Code is one factor the College will consider when evaluating physician conduct.”

75. If the College does not have the expertise or the authority to engage in complex or new determinations of human rights law, then it also lacks the expertise and authority to delineate

\textsuperscript{48} Trinity Western, supra note 37, at para. 32.

\textsuperscript{49} Trinity Western, supra note 37, at para. 34.

\textsuperscript{50} Trinity Western, supra note 37, at para. 38.
between when a physician’s lack of compliance with the Code is legally justified in light of
the Charter and when it is not.

76. For this reason, the inclusion of the words “Compliance with the Code is one factor the
College will consider when evaluating physician conduct” lacks any real meaning and can
serve only to chill physicians who may find themselves in a position where they need to
assert their right to freedom of conscience or freedom of religion.

B. “Guidelines – ii) Moral or Religious Beliefs” – Page 3

77. The third paragraph of this section reads as follows:

Physicians should, however, be aware that the Ontario Human Rights
Commission or Tribunal may consider decisions to restrict medical services
offered, to accept individuals as patients or to end physician-patient
relationships that are based on physicians’ moral or religious beliefs to be
contrary to the Code.

The Concern

78. The CMDS and the CFCPS are concerned that this section is drafted in such a way so as to
have a chilling effect on physicians with a moral obligation to integrate their personal beliefs
which include religious and conscious beliefs, into their medical practices.

79. As currently drafted, the Policy appears to tell physicians that if they choose or wish to
exercise their freedom of conscience or freedom of religion, they do so at the risk of being
found in violation of the Code, and in light of earlier comments made in the Policy, subject to
discipline by the College.

80. As set out above, physicians also benefit from the Code’s protections in that they are, in
some cases, employees who have the right to have their religious or conscience beliefs
accommodated under the Code.

The Proposed Amendment

81. The CMDS and the CFCPS propose adding “While the College respects physicians’ freedom
of conscience and freedom of religion, the College encourages physicians who find
themselves in such a position to seek legal advice on how to ensure compliance with the Code without sacrificing their rights."

82. The addition of this sentence would communicate to physicians that the College recognizes their Charter rights and that while this topic may be delicate and complex, physicians are not expected to abandon their moral or religious beliefs. Indeed, this is the position that was taken by the College when it revised the Policy in 2008.51


83. The first paragraph of this section suggests that even if a physician declines to provide a service or accept an individual as a patient on the basis of a prohibited ground, they could be acting contrary to the Code. In support of this suggestion, the Policy states the following, under footnote 5:

This could occur if the physician's decision to refuse to provide a service, though motivated by religious belief, has the effect of denying an individual access to medical services on one of the protected grounds. For example, a physician who is opposed to same sex procreation for religious reasons and therefore refuses to refer a homosexual couple for fertility treatment may be in breach of the Code.

84. The Policy goes on, in this section, to explain that the law in this area is unclear and the College therefore cannot advise physicians on how such a situation of competing rights would be resolved. Despite this statement, however, the Policy goes on to provide what it terms to be general principles that Courts have articulated in instances of equality rights clashing with freedom of conscience and religion.

85. Finally, in the last paragraph of this section, the Policy states:

These principles appear to be generally applicable to circumstances in which a physician's religious beliefs conflict with a patient’s need or desire for medical procedures or treatments. They are offered here to provide physicians with an indication of what principles may inform the decisions of Courts and Tribunals.

The Concern

86. This section of the Policy is drafted in a way which suggests to physicians that their rights to freedom of conscience or freedom of religion are secondary to their obligations under the Code.

87. The Code prohibits discrimination on prohibited grounds such as religion, race, sex or sexual orientation. In this regard, a physician whose religious or conscience beliefs lead them to decline to provide medical services or accept a patient on the sole basis of the patient’s religion, race, sex or sexual orientation is in violation of the Code.

88. In this situation, the patient’s right not to be discriminated against on the basis of a prohibited ground would be in conflict and competition with the physician’s right to freedom of religion or conscience. In this situation, a balancing of rights would be required.

89. In the last paragraph of this section however, the Policy goes on to widen this potential conflict in suggesting that the principles laid-out in the Policy “appear to be generally applicable to circumstances in which a physician’s religious beliefs conflict with a patient’s need or desire for medical procedures or treatments.” In this last paragraph, the Policy goes beyond the rare circumstances in which a physician’s rights will conflict with a patient’s rights, and instead speaks of a potential situation where a physician’s rights conflict with a patient’s “need or desire for medical procedures or treatments”.

90. The CMDS and the CFCPS have grave concerns with the language used in this section. While the Code does impose a duty not to discriminate on prohibited grounds, it does not impose a duty to provide medical procedures or treatments at a patient’s request.

91. Above, we discussed a hypothetical situation where a physician’s religious or conscience beliefs lead them to decline to provide medical services or accept a patient on the sole basis of the patient’s religion, race, sex or sexual orientation. In that situation, the physician would be in violation of the Code, although it is possible that the violation of the Code could be upheld by a Court on the grounds that the physician’s Charter rights would otherwise be violated.
92. If however, a physician declines to provide a specific medical procedure or treatment on the basis of his or her religious or conscience belief with regard to the procedure or treatment, then no discrimination under the Code has occurred.

93. An example of this distinction has recently been covered in the mainstream media. Recently, it was reported that a physician in Ottawa, Ontario declined to prescribe contraceptives or refer patients or prospective patients to a physician who would prescribe contraceptives.\(^{52}\)

94. In the coverage of this issue, many reports suggested or asserted that the physician in question was imposing his religious views on patients and was somehow violating patients’ and prospective patients’ rights. Such a conclusion however, is not supported by the law.

95. There is no right to a prescription for contraceptives. There is also no right to receive a prescription for contraceptives from a specific doctor. In the situation involving the physician in Ottawa who objects to contraceptives on religious grounds, there was no discrimination under the Code. The physician objects to contraceptives in all circumstances, not with specific individuals. The discrimination is against the contraceptives themselves, not against patients or prospective patients as the physician in question objects to prescribing contraceptives for any and all patients.

96. The wording used in the last paragraph of this section of the Policy however, appears to suggest that the College is of the opinion that if a physician objects to a specific procedure, treatment or pharmaceutical, then the physician is somehow in violation of the Code. This is not the case in law or in fact.

The Proposed Amendment

97. The CMDS and the CFCPS submit that “religious beliefs” should be replaced with “religious beliefs or conscience beliefs” and that the words “a patient’s need or desire for medical procedures or treatments” should be replaced with “a prohibited ground of discrimination as set out in the Code”.

98. These amendments would accomplish the goal of ensuring that physicians understand that in rare situations where their religious or conscience rights conflict with prohibited grounds of discrimination under the Code, they must tread carefully and make all efforts to avoid or limit any violations of the Code while accurately distinguishing between a patient’s rights and desires.

D. “College Expectations” – Page 4

99. In this section, the Policy sets out the College’s expectations with regards to a physician who declines to accept individuals as patients or end a physician and patient relationship on the basis of the physician’s moral or religious belief.

100. In its fourth and final suggestion, the Policy speaks of providing a referral for the patient. The fourth bullet of this section reads as follows:

Advise patients or individuals who wish to become patients that they can see another physician with whom they can discuss their situation and in some circumstances, help the patient or individual make arrangements to do so.

The Concern

101. The concern with this section is that in certain cases and for certain physicians, the referral is equally offensive as the provision of the services, treatment or pharmaceutical itself.

102. For example, above we discussed the recent situation in Ottawa where a physician objected to contraceptives on religious grounds. In that circumstance, the physician held the religious belief that the use of contraceptives is a sin. On this basis, he cannot prescribe contraceptives because in doing so, he would be complicit in his patient’s sin. Providing a patient with a referral for contraception makes him equally complicit and is therefore a false compromise.

103. For the physician in question, as with most if not all physicians who object to a specific procedure, treatment or pharmaceutical on religious or moral grounds, administering or providing the treatment is no different than referring the patient to someone who will
administer it. In other words, contracting an assassin morally equivalent to committing murder.\(^{53}\)

104. Finally, this section of the Policy deals with the College's expectations when a physician declines to accept a patient or chooses to end the physician/patient relationship. The Policy requires physicians to communicate the limitation of their services promptly and clearly. It is important to note and remember however, that simply because a physician declines to perform a specific procedure or provide a specific pharmaceutical does not mean that the physician is ending the physician/patient relationship or declining to accept a patient.

The Proposed Amendment

105. The CMDS and the CFCPS propose replacing the words "and in some circumstances" with "and, if appropriate in the circumstances, ".

106. The CMDS and the CFCPS submit that the addition of "if appropriate" will make it clear to physicians that they are not required to provide referrals for procedures, treatments or pharmaceuticals which they object to on moral or religious grounds.

107. The Policy currently encourages physicians to promptly and clearly communicate these issues and the limitations of their services to their patients. Indeed, the Canadian Medical Association's Code of Ethics and the College's Policy #3-08: Ending the Physicians-Patient Relationship simply require that physicians be honest and upfront with patients and prospective patients about the services and treatment they will and will not provide.

108. The CMDS and the CFCPS submit that this practice is reasonable and ensures that both physician and patient rights are respected.

\(^{53}\) Similarly, the College recognizes that referring for a procedure carries with it the same responsibility and culpability as performing the procedures. See "Policy Statement #2-11: Female Genital Cutting (Mutilation)", September 2011: http://www.cpso.on.ca/Policies-Publications/Policy/Female-Genital-Cutting-%28Mutilation%29
5. Conclusion

109. The CMDS and CFCPS believe in equality and respect for all individuals.

110. To maintain equality and respect for all, we must, as a society, be cognizant of the fact that differences do exist. Ontario is populated with individuals who differ in faith, race, culture, sex, age, physical appearance and many other respects. With differences of opinion and belief comes inevitable tension. Tension however, does not constitute discrimination.

111. The CMDS and CFCPS submit that by making the proposed amendments, the Policy will accomplish its stated goal of ensuring physicians are aware of their obligations under the Code without jeopardizing their Charter rights to freedom of religion and freedom of conscience.

ALL OF WHICH IS RESPECTFULLY SUBMITTED THIS, 5th DAY OF AUGUST, 2014.