Another year passes and once again the CPSO wishes to amend its Human Rights Code policy forcing physicians to disregard their religious or cultural values in providing non-emergency services in the area of pregnancy termination and prescription of birth control. This proposal comes at such regularity that it is almost as expected as the change in season and the hysterical predictions of an environmental extremist and with the same intensity. Since forces within the body are determined to present this until such time as they get their way I will craft a response that I can just as easily submit to this body on such an equally regular schedule.

The tone and composition of this policy proposal reads like the recently deceased Quebec Charter of Values. Firstly, this policy does not address an actual problem that exists in the body or the country. Physicians who have patients requesting such non-emergency services have simply provided referrals to fellow physicians who are more familiar with providing such care and who also may provide a more thorough investigation of a patient’s preparedness and suitability for such care. In effect, a patient is being provided better care in some cases.

Also like the Quebec Charter of Values it seeks to sterilize the environment of any cultural or religious influences. The writers of this proposal appear to trivialize the position of those physicians which the proposed policy is directed. A few years back the outgoing president of the SOGC asked for obstetricians to put aside their differences so as to provide unanimous support on the same issue. It is as if she believed, as the writers of this proposed policy believes that the issue itself is something as simple as how one pronounces “Tomato”. In the case of the Quebec Charter of Values, people were aware that they would be losing their jobs they did not take the position that they would be changing their values. This proposed policy would divide the body with affected members feeling betrayed by its leadership especially since as previously stated there is a remedy that serves the patient well.

Positions taken by both sides are not taken lightly and are often on the minds of physicians as they enter their training for such a vocation. This body should not seek to put them into open conflict. It will not serve the health care industry well. It will only provide an open wound which this body will either have to treat or ignore at its own peril. The CPSO should actually put forth a proposal guaranteeing the physicians will never be put in such position.

I hope that the CPSO body will seek to consider the position of all of its members and not the political agenda of the few because politics change as time passes, but its members and their values will be there for generations.