February 11, 2015

College of Physicians and Surgeons of Ontario
80 College St.
Toronto, Ontario
MSG 2E2

Attention: Policy Department
Dear Sir/Madam:

Subject: Human Rights Code Policy Review – Personal Obligations and Human Rights -
Doctors’ Conscience Rights – Moral/Religious Beliefs

Doctors should not be forced to go against their consciences/moral/religious beliefs, including the referring of persons to other doctors. The fundamental freedoms of conscience and religion for everyone are the first to be stated/recognized in Section 2 of the Canadian Charter of Rights and Freedoms and guaranteed by Section 1 of the charter, subject only to reasonable limits prescribed by law.

There are services that patients require (i.e. medical necessities) and there are services wanted by people that are not medical necessities. Requests for services as induced abortions, birth control pills, sterilization, vasectomies, etc., are only wants/wishes and in reality, they are not real health/medical necessities, i.e. in effect, the service is not treating a real disease, illness or injury. Indeed, in some cases we understand that the foregoing so-called health services could even cause health problems. In the near future, there could possibly be requests for assisted suicide or euthanasia and if acted on by a doctor or a referral is made (if required by the College), this would result in the premature termination or deliberate taking of peoples’ lives which would be against the moral/religious beliefs of some doctors. Doctors should be allowed to refuse to perform and should not be forced to make referrals for same against their consciences as referrals result in complicity. While it might be inconvenient for some individuals to find another physician, it should not give them or the College the right to force doctors to violate their consciences or religious beliefs. Further, if doctors are forced to go against their consciences/religious beliefs, would they not be discriminated against based on their moral/religious beliefs and no longer have equal protection and benefit of the law?

At one time, there was the Hippocratic oath to guide physicians. We understand that the original version included “I will use my power to help the sick to the best of my ability and judgment; I will abstain from harming or wrongdoing any man by it. I will not give a fatal draught to anyone if I am asked, nor will I suggest any such thing. Neither will I give a woman means to procure an abortion.” This oath required doctors to neither do harm to patients nor terminate human lives. The foregoing is in contrast to what is being done in our society where some physicians attend to wants/wishes/lifestyles that are not true medical requirements and can result in possible harmful results/effects as well as the termination of defenceless innocent human life.

Please consider the following:

- the College of Physicians and Surgeons of Ontario sponsored a study (2001) of the three month post-induced abortion period (approximately 41,000 women) and a similar number of women who did not undergo induced abortion. The results indicated that in the first three months following abortion, women who had induced abortions in hospitals had a four (4) times higher rate of hospitalization for infection, five (5) times greater rate of surgical events, and approximately five (5) times greater for psychiatric problems. Women who had induced abortions in clinics fared somewhat better but with the caveat that the clinics could not easily follow the outcomes subsequent to the service.
Further, induced abortion has been documented as a risk factor for subsequent pregnancies resulting in premature birth (higher rate of cerebral palsy), lower birth weight (increased risk of infant mortality), infertility, ectopic pregnancy, as well as the increased risk for breast cancer (result of women's biology).

Are the foregoing really what you/the College want to coerce/force doctors of conscience to do to women or assist in doing to women and their babies? How can the foregoing noted harmful effects/results and the cause thereof (namely abortion which is not a medical necessity) even be considered genuine health care and required of doctors since a pregnancy is not a disease, injury or an illness? Most critically, a doctor should not participate or provide a referral against their conscience/religion since abortion results in the termination of a defenceless innocent human life (human life is a continuum from conception to natural death). If you do not agree with the foregoing statement, please ask yourself where you/we would be today, if your/our mothers had had abortions when they were carrying us in their wombs. Did you/we not have heartbeats at approximately 22 days after conception, brain waves approximately 42 days after conception, etc.?

- the decision to use/take birth control pills for contraceptive purposes is a lifestyle choice by women. The use thereof is not a medical necessity. Further, birth control pills can act as abortifacients (i.e. prevent the conceived embryonic child from being able to implant in the uterine lining) as well as be carcinogenic (breast cancer). We understand that the World Health Organization re-classified hormonal contraceptives (combined estrogen-progestogen) as carcinogenic in 2005. Other possible side effects of birth control pills can include high blood pressure, blood clots, strokes and heart disease/attack. Our concerns also include pollution from these birth control pills when they are flushed into the sewers. What is to prevent excessive estrogen in our essential drinking water supply? There are already reports of fish with gender ambiguity in some parts of the world. How long will it be before our water supply becomes a real threat to our health (causing more cancers, including testicular cancer)? What about our right to be free of pollutants in our drinking water, such as potential excessive estrogen?

Do you/the College really want to coerce/force doctors of conscience/religious beliefs to cause the foregoing or give referral for doing the foregoing to embryonic children, to women and the public?

- A recent decision by the Supreme Court of Canada would legalize assisted suicide. What is next? Euthanasia? Instead of assisted suicide and euthanasia, what is needed are good health care and/or palliative care. Doctors should kill the pain, not the patient. Killing the patient is not true healthcare but a desire or a want by some individuals.

Euthanasia is performed in some European countries. However, the slippery slope has occurred in Europe as termination without request or consent has occurred. For example, 32% of assisted deaths in Belgium were done without request according to one study. In another study, 47% of all assisted deaths were not reported. We have also read that some older people in Belgium carry a card indicating that they do not want to be euthanized. Also, the elderly could be coerced into assisted suicide or euthanasia.

In Canada, the Charter of Rights and Freedoms (Section 7) indicates everyone has the right to life and security and the right not to be deprived thereof, except in accordance with the principles of fundamental justice. However, what is to prevent the slippery slope as in some other countries, resulting in some people being deprived of their life against their will?

Would you/the College really approve of and want to coerce/force doctors of conscience to go against their consciences and perform or else refer for assisted suicide and euthanasia? If so, why should we trust any doctor with our lives or organs when we get older or have a bad accident and both fiscal and health resources are scarcer? Also, why should we trust the College of Physicians and Surgeons, if it caused the situation whereby we could not find a doctor that we could really trust?

- What will happen if doctors who practice according to their consciences are forced to leave the profession or move to another jurisdiction because they do not want to violate their consciences or their religious beliefs in this province? Who will then provide some of the people in this province with required/essential medical services? Also, what will be the effect on wait times? If there is a lack of essential services due to a resulting
greater shortage of doctors, would that not result in a violation of rights (possibly the right to life) and who will be held to account for that? Should it not be the College of Physicians and Surgeons of Ontario?

The freedom to hold beliefs (freedom of religion) must also provide for the freedom to act on them as long as it does not result in the loss of another person’s life or security. If doctors are forced to act against their consciences/religion, how can it be considered to be anything other than the attempted forced social engineering of them to another moral view with the marginalization of their faiths via the imposition of other peoples’ beliefs, sense of morality or lifestyle.

Organizations or governments that coerce/prosecute people's thoughts/views ultimately result in repressive, tyrannical and totalitarian regimes, not a free democratic society where a free exchange of ideas is allowed. Some day, there will be an accounting for all this. Do you think that the argument of doctors saying that they were forced to do certain things, (e.g. refer to terminate or terminate the life of an innocent defenceless preborn baby) would be considered to have more weight than arguments made at Nuremberg?

We are requesting the College of Physicians and Surgeons of Ontario to promote and protect the freedom of conscience and religion for all doctors in Ontario and also to not violate the ethic of protecting all human life.