January 16, 2015

Dear College of Physicians and Surgeons of Ontario,

Thank you for the work that has gone into drafting the latest policy on Professional Obligations and Human Rights. I recognize that this is a difficult task to be able to protect the rights of all. That being said, I would like to raise a few of my concerns.

Firstly, I think it is important to define what religious beliefs are. Are religious beliefs those that are related to beliefs in a supernatural power or something else? We must clarify this because every single one of us has moral and religious beliefs. We all believe things about the meaning of life, what makes life valuable, and so on. These are not based on science but are metaphysical questions based on a worldview. We all espouse a worldview, whether it is theistic, deistic, agnostic, or atheistic, and all of our answers to these questions are based on these worldviews or religions. To exclude “religious” views based on some sort of worldview tradition would mean we must exclude how every one of us understands these life questions unanswerable by empirical science. This would prevent us from being people with thoughts, hopes, and any beliefs. In this sense we are all religious people.

Additionally, every physician has a moral code based on a worldview that he/she then practices with. The decision to help a patient’s health is in itself morally charged. Why should a physician help? No scientific experiment obligates you to help someone - it only tells you what will likely happen if you for example give a certain drug. The decision to help is based on a moral belief that it is good to help others. Every physician has moral beliefs that necessarily play a massive part in his/her clinical practice. The current policy draft to exclude certain moral beliefs is problematic for three reasons: it fragments the humanity of the practitioner, it is logically and practically impossible to exclude moral beliefs from practice, and it presupposes that these moral beliefs are wrong without actually demonstrating so. I will tackle these in turn.

Firstly, when we decide as a profession that we will force physicians to act against their moral beliefs, we are throwing moral integrity to the wind. We ask our physicians not to have moral integrity but to do what they are told, and it is extremely dangerous to force physicians to do something they believe to be wrong. This fragments who we are fundamentally as people with consciences. This means in essence saying we want slaves to perform our will, not free people working. This is a form of coercion and disregards the rights of the physician as an autonomous person him/herself. For the policy must take into account the humanity of both patient and doctor.

Secondly, we cannot ask physicians to be amoral because the decision to help people is itself moral, and the decision to be amoral is also itself a moral choice. In other words, any decision to be moral or amoral is impossible to exclude from practice logically because the decision is itself a moral one. Moral beliefs are also not a category that we can separate because they are at the heart of why we practice medicine and so we cannot exclude them practically. Do we ask a physician to leave their morals out of medicine, including their moral code to help people, be just, respect patients, and do no harm? No. This would be an absurd thing to do. This notion of keeping moral beliefs outside of practice is not coherent and is actually undesirable. This policy is imposing its beliefs on physicians, which goes against its very own moral stance to not promote one’s own religious/moral beliefs.

This leads to the third point. If we begin to choose what moral beliefs can or cannot be excluded, we are in fact making moral judgments on whether those moral beliefs are correct or incorrect. To say that they must be excluded presupposes that these beliefs are wrong. We do not tell physicians to leave out their beliefs of helping people because they are believed to be right. If we exclude other beliefs, we automatically presuppose they are wrong. This policy as it stands already assumes these physicians are wrong but does not justify this position with reasons, and ironically it makes a moral conclusion it prohibits practitioners from making. Hence we cannot say that a physician is obligated to refer for a procedure he/she is unwilling to perform based on the grounds that his/her beliefs are simply "moral" or "religious."
In a similar vein, the distinction between personal and clinical beliefs is unclear. Everyone that answers ethical questions in medicine draws from his/her worldview, which means ultimately these answers are personal for everyone. For example, whether you desire or do not desire to perform abortions is based on your moral outlook that it is either good or bad to do them, which is a personal matter based on worldview. Any decision made clinically is a personal matter.

Once again I must express sincerely that I appreciate the work that has gone into this draft. This is a laborious process and I am grateful for the feedback process. However, I am afraid of the implications of what this means for physicians in Ontario and the province I hope to practice in. Are we moving to a place where we impose our beliefs on physicians to do things? Can we see ourselves in the future as a province stripping physicians of licenses because despite competently caring for thousands of patients they refuse to refer one based on non-malicious intent? And can we even justify these claims when all parties involved have arguments that are morally and religiously driven from worldviews?

Thank you for taking the time to read this and for carefully considering this letter.

Sincerely,