To the College of Physicians and Surgeons of Ontario:

I want to thank you for giving the public an opportunity to provide feedback on the draft policy of “Professional Obligations and Human Rights.” Having read through the document, I would like to express some personal concern with the way in which this new policy will affect the medical profession.

Firstly, while I appreciate the upfront statement of ‘key values of professionalism’ mentioned at the beginning of the policy, it strikes me that these are precisely the values that many religious medical practitioners are seeking to uphold when they, as a matter of conscience, do not provide referrals for abortions. It is this very ‘compassion’ and ‘altruism’ you mention - a compassion especially for the vulnerable and voiceless - that causes many to refuse to end the lives of the unborn in their care. Who would deny that a doctor caring well for his or her pregnant patient is not by necessity caring for the unborn child as well?

Certainly, as I went through two pregnancies, the tremendous efforts carried out by doctors to ensure not only my own health, but also the health of the life carried within me, were remarkable. I admire the deep value of human life that this demonstrated. Nowhere along the journey towards motherhood did it ever occur to me that my doctors felt the growing child within me was inconsequential. They were earnestly working towards preserving both the lives of myself and my unborn child. I stand forever in their debt.

The new policy would now require that my family doctor dole out with complete ambidexterity both efforts to ensure the birth of precious healthy children and efforts to quickly terminate these same lives. No longer can the nature of these efforts in any way be influenced by a practitioner’s own understanding of life, or even upon any larger social construct of what is or is not deemed life. Rather, the value of the lives of these voiceless unborn will now be determined entirely by the voice of the mother who can speak, and in her speaking can as readily preserve and end the life within her.

It seems ironic, thus, that the very policy that is quick to underscore its values of compassion and altruism, and the more pragmatic value of access, would in fact be the very same policy by which a doctor could no longer in any meaningful way act to provide access to life (surely the most foundational right of access) for the most vulnerable of our society.

Furthermore, it seems that the very policy which speaks so boldly about ethical values at one and the same time undermines the ability of any deeply religious doctor to remain in their vocation with their integrity and compassion remaining intact. Certainly the document allows for a doctor to refer to another practitioner in certain cases of conscience, but could anyone truly argue that by readily providing through another server the very same service you by conscience will not perform, that one is in any way being allowed to express his or her own rights of conscience? No one expects absolute rights, and certainly it is necessary to point this out. However, one might be led to wonder, having read through this document, what rights at all will remain for the religious medical professional who is unwilling to perform or to refer for abortions or euthanasia?
Furthermore, it seems unwise to lump all matters of conscience rights together. Certainly no policy could deal with every subcategory involved here. However, it occurs to me that there would be a marked difference between the case of a doctor refusing to provide a patient in crisis with a blood transfusion because his religion prohibits him from doing so, and a doctor refusing to refer a patient for an abortion because he is convinced that he has a moral duty to protect the unborn patient in his care. Regardless as to exactly how one chooses to define life, the second of these scenarios is far more ethically complex and requires a separate discussion.

In conclusion, it would seem that what has always been a vocation in the service of preserving life is now the far more schizophrenic vocation that equally serves both life and death.

It breaks my heart to think that those whose religious convictions fill them with the very love, grace and compassion that a doctor needs, are the very same doctors who will be targeted under such legislation. This will not only be to their detriment, but to the deep loss of our society, whose well-being is in so many ways upheld by the care of such men and women.

Thank you for being willing to hear my concerns on these matters. I appreciate you giving these matters your thoughtful consideration.