I believe in a respectful and tolerant dialogue where all opinions are heard. In the end, the truth becomes the winner whenever this honest exchange occurs. This issue is not about contraception or abortion as it has been reduced to by some but about the freedom to do what one believes is best for our patients and not to be compelled to do harm. It is about acting based on our best medical judgement, moral principles and religious beliefs. I never imagined the CPSO would be so antagonist with doctors who believe in conscience.

The CPSO wants now to compel doctors to refer or, even do the act, and if we refuse, to be under the threat of disciplinary action (lines 166-169 of the draft policy). Nevertheless, both the act and referral are closely connected legally and ethically. If one opposes sex-selective abortion, yet, one refers for one, it is as if one would do it anyway. The Criminal Code of Canada understands this connection. Section 21 makes it a crime to aid and abet another crime. It is so because our justice system recognizes that aiding and abetting an act that is criminally wrong, is itself criminally wrong. In the same way, aiding and abetting an act which one believes to be morally wrong, it is itself morally wrong. Assisted suicide is currently a crime but in one year, it will not be. Similarly, the CPSO acknowledges the connection between referral and the act on its policy of the illegal practice of genital mutilation (1). Should doctors change their morals and beliefs with the changing legal environment as suggested with the policy of end-of-life as well?

Reconciling patients' rights with doctors' is at the core of the matter. For instance, the recent decision of the Supreme Court pointed out that "a physician's decision to participate in assisted dying is a matter of conscience". On it, they referred to the 1988 Morgentaler’s decision that a physician could not be compelled to participate in abortion. In Ontario, as you know, any patient can access abortion or contraception by self-referral. Therefore, the burden is on the CPSO to substantiate that one is not able to ensure access to these practices without encroaching on the Charter rights of doctors. Likewise, this approach should apply to other future situations such as assisted suicide. As reasonable accommodation, some have suggested for the CPSO to create a “willing-physician’s referral service” that would direct inquiries from Ontario patients to those doctors who are prepared to provide assisted suicide.

A further point to clarify is that no jurisdiction where assisted suicide or euthanasia is currently practiced demands referral (2). Sadly, it is only matter of time before there is going to be a push by some to request further involvement from doctors, and even medical associations may start suggesting suicide as treatment (3). We really need to take this seriously: it is our conscience that guides us in every day action and no one should force us to violate it.

Again, this is more than a particular issue. Freedom is a two way street; some freedoms should not be manipulated to infringe upon others. In its submission to the first round of consults, The Ontario Medical Association- section on General and Family Practice stated: ‘are we slowly heading to a system where individuals looking to enter the medical profession will be required to leave their morals and religion behind when they accept entry?’ They go on to say that ‘the ability of physicians to say ‘no’ without retribution must be preserved as long as those decisions are not based on discrimination.’ Most of the submissions demanded the same including 77% of those polled (4).
This basic human right must be protected (5).

1. “Further, physicians must not refer patients to any person for the performance of FGC/M procedures.

The performance of, or referral for, FGC/M procedures by a physician will be regarded by the College as professional misconduct.”

http://www.cpso.on.ca/Policies-Publications/Policy/Female-Genital-Cutting-(Mutilation)

2. No legal “duty to refer” for euthanasia or assisted suicide anywhere in the world


Backgrounder Euthanasia/Assisted Suicide and “Duty to Refer”: What are the legal obligations around the world?


3. From Belgium main promoters of euthanasia:

“..One of author JB’s cases even more suggests complex motives. After a long process of persuading the caregiver team to help him die, this advanced pancreatic cancer patient on total parenteral nutrition, but in no physical pain, had been entrusted with, when he decided the time had come, switching a three-way valve himself from his regular perfusion to one with a rapid-flow lethal dose of barbiturates. He eventually declined to do so. Not that he had changed his mind: He was adamant that the doctor had to switch the valve. Actually, this particular, strong-willed intellectual’s apparent preference for “passivity” may have been ambiguous: It can on the contrary have been a manifestation of active control. Because his suffering had been only mental, not physical, his caregivers had been reluctant to grant him euthanasia. Overcoming their misgivings had given him considerable satisfaction, which was documented in the evolution of his ratings of subjective well-being by Anamnestic Comparative Self Assessment (Bernheim1999b). This case also raises the question to what extent physicians can accept to be instrumentalised by patients.”

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4263821/
In 2013, even the Dutch Medical Association had to defend against one MP’s private bill that attempted to make euthanasia on demand (of note, the Association is pro-euthanasia-you may use google translate if unable to read):


Please see the Dutch Medical Association section 4.3 of the ‘Position paper: The role of the physician in the voluntary termination of life (2011)’

‘There is no punishment for physicians and other persons if they provide information about suicide. Physicians are also legally permitted to refer patients to information that is available on the Internet or to publications sold by book vendors, or provide these on loan, and to discuss this information with patients. (30, 31) In fact, it is the physician’s professional responsibility to engage the patient in discussion if the latter voices an intention to stockpile drugs with a view to using them to end his life. “


http://policyconsult.cpso.on.ca/?page_id=3405

Do you think a physician should be allowed to refuse to provide a patient with a treatment or procedure because it conflicts with the physician’s religious or moral beliefs?

Yes (77%, 25,230 Votes)
No (23%, 7,616 Votes)
Don’t know (0%, 66 Votes)

http://policyconsult.cpso.on.ca/?page_id=3403

5. “2. Everyone has the following fundamental freedoms:

(a) freedom of conscience and religion”