My name is . I practice family medicine in a small town in Southwestern Ontario. One of the many things that I do is take care of 90 percent of the 40 nursing home residents in our local nursing home. When I first came to town 21 years ago there were five doctors sharing this role. The other four doctors have all retired. Now it is 90 percent me. For the last three years as new doctors have come to town to join our new family health team I have tried to integrate them into the nursing home. I have had little success. You have to be available 24 hours a day for urgent issues like palliative care and acute illnesses. If you want to go on vacation you have to impose on a shrinking group of overworked colleagues still willing to help out. Quite frankly I am feeling somewhat burnt out and realize that I will not be able to do this forever. The one thing more than anything else that sustains me in this practice is the strong moral conviction that when we are old and vulnerable we deserve to have someone to take care of us.

It has come to my attention that the College is revising its policy of Physicians Obligations under the Human Rights Code. One of the revisions would be that if a procedure is legal in the province a physician is obligated to either provide it or make arrangements for a patient to get it. This is all happening under the backdrop of the Supreme Court considering if euthanasia is legal. The tenor of the court proceedings seem to indicate that they will find it should be legal. When this comes to pass it will place me in a very difficult situation. I will not be able to euthanize a patient nor will I be able to arrange for this to happen. I got into medicine to help people not to harm them. To protect myself from psychological harm I will have to resign from the nursing home. I would give adequate notice but it is difficult for me to see who the nursing home would get to care for these patients.

I find this situation very confusing. The vast majority of family doctors either have the skill set or can acquire it to take care of nursing home residents. But even under the new policy doctors could still discharge patients from their practice when they enter a nursing home in their own community for the simple reason that they don’t want to provide that type of care. However a doctor who is willing to take care of this vulnerable population is told they must violate their conscience to do so? How will this increase access to care? It seems to me that no one benefits from this. It seems to me the new policy is venturing into systematically discriminating against physicians based on their conscience beliefs.

I understand there have been some high profile cases recently in the province whereby patients have not been able to obtain such things as birth control pills in walk in clinics. However this is not an emergency situation. We are venturing into a time in this province where official projections are that by
2018 we will have a surplus of primary care physicians. It is likely if you want to see a doctor in an office you will be able to find one you can agree with. Yet if you are dying at home it is unlikely that your family doctor will perform the simple act of making a housecall to make sure you are okay. I know this is true in this province I have assumed the care of housebound patients for the sole reason that their family doctors would not make housecalls. Should we not be looking to protect physicians who function under the rubric of a strong moral conscience if for no other reason that they may be willing to do difficult or non-renumerative things?