Jan 15, 2015

College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario
M5G 2E2

Dear Members of the Consultations Committee:

**Subject: CPSO’s Draft Policy “Professional Obligations and Human Rights”**

I am writing to you with the gravest concern regarding the content of your proposed draft policy.

The Draft policy document says that CPSO members with “Moral or Religious Beliefs” [line 112] must not only “effectively refer” current or future patients to an alternate provider of physician services but must proactively seek out such alternative providers & maintain an “effective referral plan” [line 163] for such alternative providers.

Conversely, should CPSO members feel they are not clinically competent to provide the required physician services they are merely required to provide “a referral” (to publicly available information, perhaps?) [line 109]

Requiring any CPSO member to actively seek out alternate providers of physician services (if those services were an indictable offence under the laws of Canada) is to require CPSO members to “engage in a conspiracy” [see basic legal references below] solely because they hold “moral or religious beliefs”.

Your draft policy document allows a CPSO member who merely advises a current or future patient “I am not Board certified in the specialty you need, please look at the CPSO’s list of specialists, pick one & go to the one you pick” to say they discharged their obligation to the current or future patient.

The draft policy documents philosophy of placing a burden upon CPSO members to engage in a conspiracy solely because they have “Moral or Religious Beliefs” while relieving CPSO members from the same burden if they have clinical-competence views is itself discriminatory and, I believe, contrary to the same Ontario Human Rights Code you state you are trying to implement on CPSO members.

As you are aware, in recent years press reports from several Anglophone countries have concerned physicians confronted with patients claiming the need to “obtain physician
services” which are regarded by the attending physician as morally obnoxious yet not illegal in that country. For example, in Britain “female circumcision/female genital mutilation” was regarded by most physicians as morally obnoxious yet not declared illegal under British law until 2003. I have noticed a number of American press reports concerning male circumcision practiced upon infants only days old without medication yet the child is not of the Jewish faith. And in Canada you have the recent decision by the Canadian judiciary concerning “assisted suicide”.

Can I encourage you to revise the sections above, and remove the discriminatory practices that you propose to impose on CPSO members who hold “Moral or Religious Beliefs” and continue to allow the physicians of Ontario the same basic rights that we all enjoy?

At the very least, I would ask you enforce the same requirement upon CPSO members as they are already required to have in questions of clinical competence, namely to “refer” the current/future patient to [a publicly accessible list] of alternative providers rather than coerce them into “a conspiracy”.

Respectfully,

Basic legal references to Conspiracy:

- *Boots v Grundy*, 82 *Law Times* 769 (England, 1900)
- *R. v. Cotroni* (1979), 2 *SCR* 256
- *R v Lam*, 2005 *ABQB* 849