ATT: Policy Department

February 11, 2015

Gentlemen/Ladies:

Thank you for being open to consultation and ideas from the public on this very important matter - the Ontario Human Rights Commission’s request to force physicians to accommodate patients who request a procedure that the physician, because of personal values and beliefs, thinks are morally wrong. The Commission is also requesting that if a physician refuses, he/she must refer the patient to another physician who will perform this service.

The Ontario Human Rights Commission uses the word “belief” and this is extremely different from a moral stance based on conscience. Although many think of beliefs as part of a religious stance, this is not necessarily the case. People have belief in ghosts and astrological signs, but these have nothing to do with religion.

A MORAL stance, however, is based on reason and is something that is explained in terms of observation and judgment of good done and evil avoided. Everyone has a moral stance, some reinforcing their stance in their religious beliefs. Beliefs and moral stances are not in the same category and the term “beliefs” should not be used in this instance, rather “moral stance” and “conscience”.

I certainly appreciate the College accepting the existing Charter rights of freedom of religion and conscience, and urge you to maintain this moral stance. Conscience is an innate human faculty and recognized as the core of a person’s freedom and individuality - our human being exists as we follow our own conscience, not someone else’s demands. Conscience is what decides how we will act as individuals. It is NOT and cannot be a “belief”.

The Code defines discrimination as the right to treatment regardless of *race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability* (draft, page 2). Interpreting discrimination on this basis, a physician could
be charged if he/she refused to treat or refer one with any of the above listed characteristics. The decision is definitely not a personal one with regard to the patient, but on the nature of the procedure requested.

Freedom of religion and conscience rights in other documents are contained in many documents: Canadian Charter; the United Nations’ Universal Declaration of Human Rights, Article 1 states: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.”

There should always be a balancing of rights, but both patient and physician have rights that should be respected – accommodations should not be one way. A physician should never be compelled to act against rational conscience decisions, which goes against the Charter and human rights. Refusing to provide or perform some procedures is not discriminatory when it is based on a properly informed conscience: This has nothing to do with the patient’s request and everything to do with the physician’s decision about the wrongness of the procedure. Any “unwillingness to provide” (language used in the Commission’s draft), results from repugnance to the procedure requested, because it is seen as contrary to conscience. I do not see the need to FORCE a physician (duty to refer must be provided to the patient - also from Commission’s draft). This is a step towards limiting a physician’s rights and goes far beyond honouring another’s rights. Both physician and patient’s rights MUST be protected.

If every person’s rights are acknowledged, harmony and honour will abound. We are CANADA - let us give EVERYONE their rights!! I urge this College to consider how ignoring a physician’s moral stance is badly discriminating against one of your own - these are your brothers and sisters!!