Policy Department
CPSO
TORONTO.

Dear Policy Coordinator,

Pardon the handwritten note and FAX.

The Policy on Physician Obligations and Human Rights is important, but remember, most of the problems are not under the Physician, but Central and Community, especially Small Communities. There are often instrumental problems, especially on regards availability & access.

Some of my comments are written on the Draft Policy, under Ensuring Access.

Thanks for the opportunity to consult.
The College of Physicians and Surgeons of Ontario

The balancing of rights must be done in context. In relation to freedom of religion specifically, courts will consider how directly the act in question interferes with a sincerely held religious belief. Courts will seek to determine whether the act interferes with the religious belief in a manner that is more than trivial or insubstantial. The less direct the impact on a religious belief, the less likely courts are to find that freedom of religion is infringed. Conduct that would potentially cause harm to and interfere with the rights of others would not automatically be protected.

While the Charter entitles physicians to limit the health services they provide on moral or religious grounds, this cannot impede, either directly or indirectly, access to care for existing patients, or those seeking to become patients. Therefore, the college requires physicians who choose to limit the health services they provide on moral or religious grounds to do so in a manner that:

i. Respects patient dignity;

ii. Ensures access to care; and

iii. Protects patient safety.

i. Respecting Patient Dignity

Where physicians are unwilling to provide certain elements of care due to their moral or religious beliefs, physicians must communicate their objection directly and with sensitivity to existing patients, or those seeking to become patients, and inform them that the objection is due to personal and not clinical reasons.

In the course of communicating their objection, physicians must not express personal judgments about the beliefs, lifestyle, identity or characteristics of existing patients, or those seeking to become patients. This includes not refusing or delaying treatment because the physician believes the patient’s own actions have contributed to their condition. Furthermore, physicians must not promote their own religious beliefs when interacting with patients, or those seeking to become patients, nor attempt to convert them.

ii. Ensuring Access to Care

Physicians must provide information about all clinical options that may be available or appropriate to meet patients’ clinical needs or concerns. Physicians must not withhold information about the existence of a procedure or treatment because the procedure conflicts with the religious or moral beliefs.

Where physicians are unwilling to provide certain elements of care due to their moral or religious beliefs, an effective referral to another health care provider must be provided to the patient. An effective referral means a referral made in good faith, to a non-objecting, available, and accessible physician or other health-care provider. The referral must be made in a timely manner to reduce the

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35 In the hospital setting, referral practices may vary in accordance with hospital policies and procedures.
risk of adverse clinical outcomes. Physicians must not impede access to care for existing patients, or
those seeking to become patients.

The College expects physicians to proactively maintain an effective referral plan for the frequently
requested services they are unwilling to provide.

III. Protecting Patient Safety

Physicians must provide care that is urgent or otherwise necessary to prevent imminent harm, suffering,
and/or deterioration, even where that care conflicts with their religious or moral beliefs.¹⁶

Please be sure that the obligations are
not too restrictive for physicians in small
towns, and community-based physicians.
Referral are often easier especially within
large teaching hospital academic centers.
Ensuring access care is often difficult
even for serious, not usually a problem
because of Moral or Religious beliefs.

Remember “SOPs” Issues” end under The control of
The physician’s clinic availability, access.

¹⁶ This expectation is consistent with the College’s Providing Physician Services during Job Actions policy. For
further information specific to providing care in health emergencies please see the College’s Physicians and Health
Emergencies policy.