2/16/2015
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario, M5G 2E2

Dear Council Members of The College of Physicians of Ontario and of the Consultation Committee,

I would like to express my deep alarm about certain elements of the *Professional Obligations and Human Rights* draft policy. As a patient in Ontario, I appreciate the council’s efforts to ensure the individual patient is treated without discrimination concerning medical treatment. However, in an effort to ensure patient rights, this draft policy infringes on the rights of the physician by limiting the ability of the physician to act according to his or her conscience. I am deeply concerned about the lines 156 and 157 that state, “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.” In the minds of many health care providers, a referral would make them an indirect participants and thus complicit with acts they find morally objectionable.

Forcing doctors to act against their conscience, would have negative ripple effects that would have the end result of hurting patients. Regardless of my personal stance on the morality of a particular treatment option, I could not fully trust a doctor that was willing to sacrifice their personal conscience and morals on a regular basis. The *Values of the Profession* section of *The Practice Guide: Medical Professionalism and College Policies* wisely states; “Trustworthiness is the cornerstone of the practice of medicine. It is the demonstration of compassion, service and altruism that earns the medical profession the trust of the public. [...] Patients must be able to trust that the physician will always uphold the values of the profession; in the absence of the trusting relationship the physician cannot help the patient and the patient cannot benefit from the relationship.”

Knowing that many health professionals are participating either directly or indirectly in medical treatments that they believe to be wrong, would make me question their priorities. If they believe a particular medical treatment to be harmful to a patient physically or morally, are they truly acting in the best interest of their patient by participating directly or indirectly in that treatment? A physician who is willing to sacrifice the welfare of the patient in order to keep their job, I could not fully trust.

Another negative unintended outcome of this policy would be that many family doctors would feel forced to leave Ontario, or change specialties. As you are well aware, many Ontarians are already without a family doctor as it is. Please do not chase many of our family doctors away.

I recognize that trying to balance patient and physicians rights is very difficult. Unfortunately, on some vital matters, this draft policy does not achieve this balance; essential rights of the medical professional are utterly discarded in an effort to grant the patient rights. My hope is that this policy will be further revised in order to achieve a better balance between patient and physician rights.