
Introduction: *Professional Obligations and Human Rights*

The College of Physicians and Surgeons (CPSO) is currently reviewing its [Professional Obligations and Human Rights](#) policy, which sets out physicians' legal and professional obligations under the *Ontario Human Rights Code* along with professional expectations that address instances where physicians limit the services they provide for reasons of clinical competence and conscience or religion.

We are inviting feedback at this preliminary stage to help inform our review of this policy. The following survey will ask you a few questions about issues related to physicians' professional obligations and human rights. It will take approximately **15 minutes** to complete. You will be able to pause during the survey and restart at a later time if you wish.

If you would like to review the survey in advance, you can download a copy [here](#).

All survey responses will be reviewed, and a summary of the results will be posted online following the close of the consultation. The identity of all individual respondents will be kept strictly confidential.

Do you live in:

- Ontario
- Rest of Canada
- Outside of Canada
- Prefer not to say

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Are you a:

- Physician (including retired)
 - Medical student
 - Member of the public
 - Other health care professional (including retired)
 - Organization
 - Prefer not to say
-

Please tell us which organization you are responding on behalf of:

What kind of physician are you?

- Family physician
 - Specialist
-

If applicable, please specify your area of focus in your family practice or your area of specialty:

What is your gender?

- Male
- Female
- Transgender

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- Non-binary
 - Not listed:
 - Prefer not to answer
-

Which of the following best represents your race/ethnic background?

- Black (African, Afro-Caribbean, African-Canadian)
 - East Asian (Chinese, Korean, etc.)
 - Latin American/Hispanic
 - Middle Eastern (Arab, Persian, etc.)
 - South Asian (East Indian, Pakistani, etc.)
 - Southeast Asian (Filipino, Thai, etc.)
 - White (European descent)
 - Mixed
 - Not listed:
 - Prefer not to answer
-

Indigenous Peoples are those who identify as members of First Nations (status, non-status, treaty or non-treaty), Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person?

- Yes
 - No
 - I prefer not to answer
-

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Based on this description, do you consider yourself to be LGBTQ2S+?

- Yes
- No

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I prefer not to answer

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an accident or developed overtime. Disabilities may also be permanent, temporary or episodic.

Based on this description, do you identify as person with a disability?

- Yes
- No
- I prefer not to answer
-
-

The following questions will ask you about some issues related to physicians limiting the health-care services they provide.

When physicians limit the health-care services they provide because the care is outside their clinical competence, they have obligations to potential or existing patients to ensure they are not abandoned.

Please indicate the extent to which you agree or disagree with the following expectations:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Physicians must inform potential or existing patients of any limitations to health-care services offered for reasons of clinical competence as soon as is reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly agree Somewhat agree Neither agree nor disagree Somewhat disagree Strongly disagree

Physicians **must** communicate this information in a clear and straightforward manner to ensure that potential or existing patients understand that their decision is based on an actual lack of clinical competence rather than discriminatory bias or prejudice.

Physicians **must** provide a referral to another appropriate health-care provider for the elements of care the physician is unable to manage directly.

Please feel free to elaborate (Optional).

When physicians limit the health-care services they provide because they have a conscientious or religious objection, their right to do so must be balanced against the right of potential and existing patients to access care. Courts have indicated that the interest of the patient prevails when an irreconcilable conflict arises between a patient's interest and a physician's interest.

Please indicate the extent to which you agree or disagree with the following statements.

If a physician has a conscientious or religious objection, they **must**:

Strongly agree Somewhat agree Neither agree nor disagree Somewhat disagree Strongly disagree

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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Limit the health-care services they provide in a manner that respects patient dignity, ensures access to care, and protects patient safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate their objection directly and with sensitivity to potential and existing patients and inform them that their objection is due to personal and not clinical reasons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide information about all clinical options that may be available or appropriate to meet patients' clinical needs or concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide the patient with an effective referral (taking positive action to ensure the patient is connected to a non-objecting, available, and accessible physician, other health-care professional, or agency) in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proactively maintain an effective referral plan for the frequently requested services they object to providing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide care in an emergency, where it is necessary to prevent imminent harm, even where that care conflicts with their conscience or religious beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate (Optional).

If a physician has a conscientious or religious objection, they **must not**:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Express personal moral judgments about the beliefs, lifestyle, identity, or characteristics of potential or existing patients. This includes not refusing or delaying treatment because the physician believes the patient's own actions have contributed to their condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote their own religious beliefs when interacting with potential or existing patients, nor attempt to convert them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Withhold information about the existence of any procedure or treatment because it conflicts with their conscience or religious beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expose patients to adverse clinical outcomes due to a delayed effective referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impede access to care for potential or existing patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate (Optional).

Which positive actions should physicians take to ensure the patient is connected to a non-objecting, available, and accessible physician, other health-care professional, or agency?

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While the steps necessary to help connect a patient may be specific to their circumstances, thinking generally, please select which examples below you would consider to be generally sufficient in order to fulfill the requirement to take positive action to ensure the patient is connected to a non-objecting, available, and accessible physician, other health-care professional, or agency:

- The physician or designate tells the patient they cannot help them and the patient can look for a non-objecting physician or non-objecting healthcare professional who is willing to provide the health-care service themselves.
- The physician or designate provides the patient with the contact information for a non-objecting physician or non-objecting healthcare professional.
- The physician or designate contacts a non-objecting physician or non-objecting healthcare professional and arranges for the patient to be seen or transferred.
- The physician or designate connects the patient with an agency charged with facilitating referrals for the healthcare service and arranges for the patient to be seen at that agency.
- A practice group in a hospital, clinic, or family practice model identifies patient queries or needs through a triage system. The patient is directly matched with a non-objecting physician in the practice group with whom the patient can explore all options in which they have expressed an interest.
- A practice group in a hospital, clinic, or family practice model identifies a point person who will provide the healthcare to the patient or will take positive action to connect the patient to a non-objecting physician or non-objecting health-care professional or agency. The objecting physician or their designate connects the patient with that point person.
- None of the above.

Please feel free to elaborate (Optional).

Does your assessment on which examples you would consider to be sufficient change based on the circumstances of the patient (e.g., if the patient is vulnerable or not)?

The following questions will ask you about the current [Professional Obligations and Human Rights](#) policy.

In order to answer the next few questions, it is necessary for you to have read the current policy. If you have not read the current policy, you will be skipped to the end of the survey; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the current policy by clicking [here](#).

Have you read the current [Professional Obligations and Human Rights](#) policy?

Yes

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No

CPSO's current [Professional Obligations and Human Rights](#) policy contains professional expectations that are not in legislation, but the policy also reiterates the key requirements set out in the *Ontario Human Rights Code* (the "Code") relating to discrimination and the duty to accommodate.

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I refer to the <i>Code</i> itself to determine what the key requirements are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I refer to the policy to determine what the key requirements in the <i>Code</i> are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it useful/helpful to have the key <i>Code</i> requirements set out in the policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is useful/helpful for the policy to clarify when physicians must not discriminate (e.g., when accepting or refusing individuals as patients; providing existing patients with health care or services; providing information or referrals to existing patients or those seeking to become patients; and/or ending the physician-patient relationship).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate (Optional).

Are there any requirements in the *Code* you think it would be helpful to clarify and/or explain in the policy?

We are interested to hear your thoughts about the policy and whether it is clear, comprehensive, and reasonable. The answers and comments you provide will help us determine where changes or improvements may be necessary.

We'd like to understand whether the policy is clear, comprehensive, and reasonable.

Please indicate the extent to which you agree or disagree with each of the following statements regarding the policy:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The policy is clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is comprehensive and addresses all of the relevant or important issues related to physicians' professional obligations and human rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy includes definitions of all essential terms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy sets reasonable expectations for physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate on your answers above. For example, how can we improve the policy's clarity? How can we make the policy more comprehensive? What

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expectations, if any, did you find unreasonable? (Optional)

The current [Professional Obligations and Human Rights](#) policy has a companion document called [Advice to the Profession: Professional Obligations and Human Rights](#). The purpose of this companion document is to provide additional information, rationale for policy expectations, and guidance for interpreting the policy expectations.

In order for you to answer the next few questions, it is important that you have read the current [Advice to the Profession](#) document. If you have not read the current document, you will be skipped to the next section; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the current *Advice* document by clicking [here](#).

Have you read the current [Advice to the Profession](#) document?

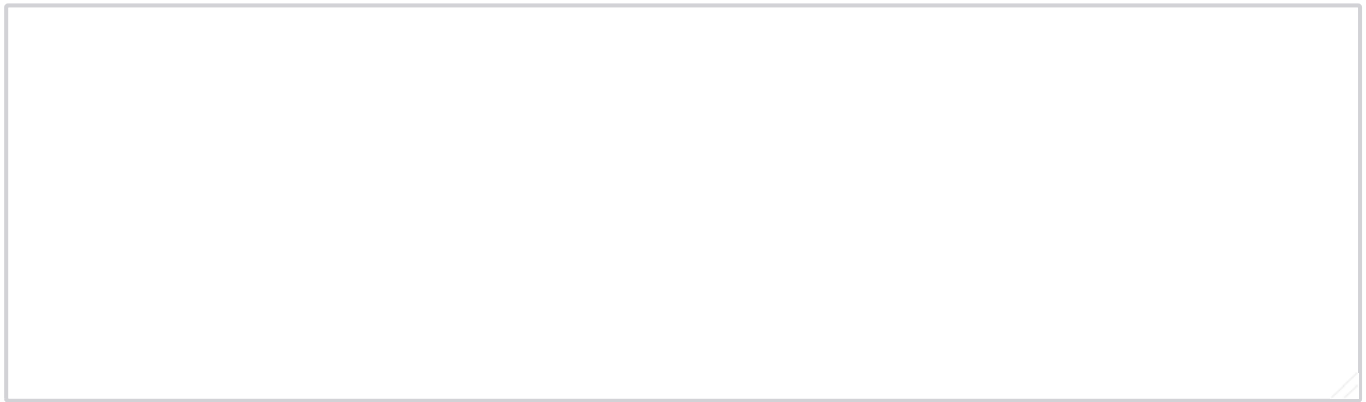
- Yes
- No

Is there any additional guidance that would be helpful to include in the [Advice to the Profession](#) document? (Optional)

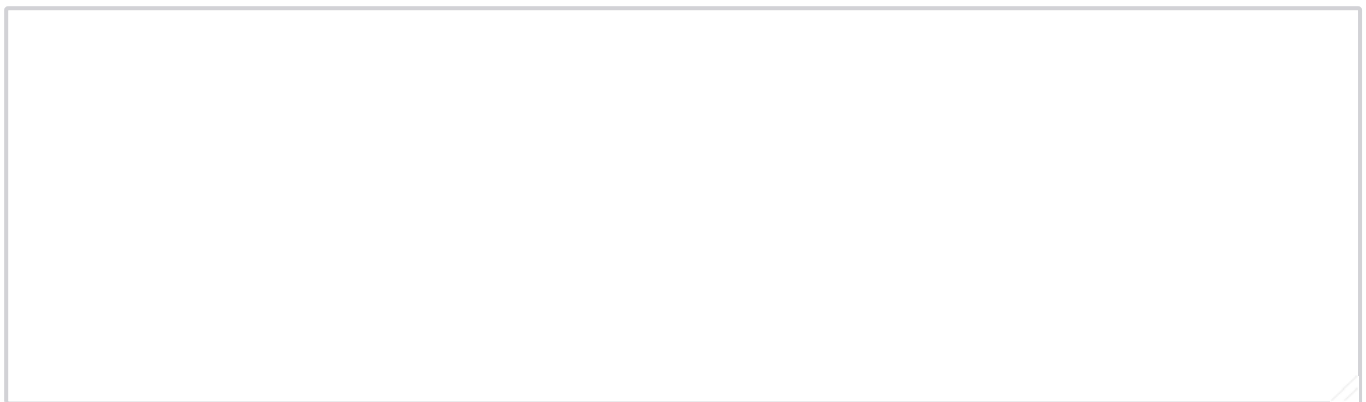
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Is there any information in the [Advice to the Profession](#) document that you think is unhelpful or unnecessary? (Optional)



If you have any additional comments that you have not yet provided, please provide them below, by [email](#), or through our [online discussion forum](#).



Thank You!

Those are all the questions we have for you today.

Once a revised policy and companion document has been developed, stakeholders will be invited to review the new draft policy and companion document and provide further feedback before the policy is considered for final approval by CPSO Council.

Please see our [consultation webpage](#) for more information on CPSO's policy review and consultation process.

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