



Block 1: Introduction

HUMAN RIGHTS IN THE PROVISION OF HEALTH SERVICES — GENERAL CONSULTATION

The [College of Physicians and Surgeons of Ontario \(CPSO\)](#) is currently seeking feedback on its draft [Human Rights in the Provision of Health Services](#) policy, which sets out physicians' professional obligations regarding the provision of health services in a safe, inclusive, and accessible environment, and in accordance with accessibility and human rights legislation. The draft policy also sets out physicians' professional obligations when limiting health services for clinical competence/scope of practice reasons and when health services conflict with physicians' conscience or religious beliefs.

The draft [Human Rights in the Provision of Health Services](#) policy also has a companion resource called [Advice to the Profession: Human Rights in the Provision of Health Services](#). The purpose of this *Advice* document is to help physicians understand and interpret their obligations and provide guidance around how these obligations may be effectively discharged.

We are inviting feedback at this stage to help inform future revisions to the draft policy and *Advice* document.

The following survey will ask you a few questions about issues related to human rights in the provision of health services. It will take approximately **20 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.

Your feedback will be anonymous.

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:



Do you live in:

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

Block 2: Demographics

As part of CPSO's commitment to equity, diversity, and inclusion (EDI), we are collecting demographic information about those engaging with our policy development process.

This is aligned with Ontario's [Data Standards for the Identification and Monitoring of Systemic Racism](#) which aim to establish consistent, effective practices for data collection to support evidence-based decision-making to help eliminate systemic racism and promote racial equity.

The demographic questions that follow are voluntary, anonymous, and will be kept strictly confidential. We encourage you to answer these demographic questions, however this is optional.

Would you like to complete these demographic questions?

☐ Yes

☐ No

Gender refers to the gender that a person internally feels. A person's current gender may or may not differ from the sex a person was assigned at birth and may differ from what is indicated on their current legal documents. A person's gender may change over time.

What is your gender? Please select all that apply:

☐ Man

☐ Woman

☐ Non-binary:

☐ Transgender

☐ I prefer not to answer

Indigenous Peoples are those who identify as members of First Nations, Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person? Please select all that apply:

- ☐ Yes, First Nations
 - ☐ Yes, Métis
 - ☐ Yes, Inuit
 - ☐ No
 - ☐ I prefer not to say
-

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.

Examples include: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

What is your ethnic or cultural origin(s)?

- ☐ Open-ended response:
 - ☐ I prefer not to say
-

In our society, people are often described by their race or racial background. For example, some people are considered "White," "Black," or "East/Southeast Asian," etc. These categories reflect how people generally understand and use race as a social descriptor in Ontario.

Which of the following represents your race(s)? Please select all that apply:

- ☐ Black (African, African-Canadian, Afro-Caribbean)
- ☐ East or Southeast Asian (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.)
- ☐ Latino (Latin-American or Hispanic descent)

- ☐ Middle Eastern (Arab, Persian, or West Asian descent, e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish, etc.)
- ☐ South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- ☐ White (European descent)
- ☐ Not listed:
- ☐ I prefer not to say
-

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

Do you consider yourself to be LGBTQ2S+?

- ☐ Yes
- ☐ No
- ☐ 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 over time. Disabilities may also be permanent, temporary or episodic.

Do you identify as person with a disability?

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

Block 4: All Respondents

The following questions will ask you about some of the new or revised expectations/guidance in the draft [Human Rights in the Provision of Health Services](#) policy and [Advice](#) document.

The draft policy has new positive obligations for physicians to take reasonable steps to create and foster a safe, inclusive, and accessible environment where patients' needs are met by incorporating cultural humility, cultural safety, anti-racism, and anti-oppression into physicians' practices (see the [Equity, Diversity and Inclusion Glossary](#) for definitions of these concepts).

From the following list, please indicate if it is reasonable and important to expect physicians to take reasonable steps to incorporate these concepts in their practices.

Please select all that apply:

	Reasonable	Important	Both	None
Cultural humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-racism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-oppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Please feel free to elaborate (e.g., why or why not?):

The draft policy has new draft expectations for physicians in circumstances where patients request to receive care from a physician with a particular social identity (e.g., race, ethnicity, culture, sexual orientation and/or gender identity, spiritual/secular/religious beliefs, etc.).

Please indicate the extent to which you agree or disagree that the following draft expectations are reasonable in response to patient requests to receive care from a physician with a particular social identity:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
With appropriate consent, physicians <i>must</i> provide any emergent or urgent medical care the patient requires.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where non-emergent or non-urgent care is required, physicians <i>must</i> take reasonable steps to accommodate the patient's request if the physician believes that the request is ethically or clinically appropriate (e.g., patient would like to receive care from a physician who speaks the same language to facilitate communication).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians <i>must</i> tell the patient that their request will not be accommodated if the physician believes that the request is discriminatory (e.g., racist, sexist, ageist, heterosexist, etc.) and determine whether it is safe and in both parties' best interest to provide any non-emergent or non-urgent care required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate (e.g., why you agree or disagree):

The draft *Advice* maintains the existing “effective referral” examples and a new, less onerous example has been added: providing the patient with contact information for a non-objecting, available, and accessible physician, other health-care professional, or agency in appropriate circumstances (e.g., where the patient does not need assistance).

Please indicate if the example is clear, reasonable, and strikes the right balance (select all that apply):

- ☐ The example is clear
- ☐ The example is reasonable
- ☐ The example strikes the right balance between physicians’ right to practise in accordance with their beliefs and patients’ right to access health services
- ☐ All
- ☐ None

***Optional:* Please feel free to elaborate (e.g., why or why not):**

The draft policy maintains the existing “effective referral” requirement and new safeguards have been added for physicians to take reasonable steps to confirm that a patient was connected and to take further action to provide an effective referral if they learn the patient was not connected, given that a new, less onerous example has been added to the draft [Advice](#).

The following draft list sets out CPSO’s expectations of physicians when providing an effective referral.

Please indicate which draft expectations are clear, reasonable, and strike the right balance (select all that apply):

**This draft
expectation is
clear**

**This draft
expectation is
reasonable**

**This draft
expectation
strikes the right
balance between
physicians’ right
to practise in
accordance with
their beliefs and
patients’ right to
access health
services**

	This draft expectation is clear	This draft expectation is reasonable	This draft expectation strikes the right balance between physicians' right to practise in accordance with their beliefs and patients' right to access health services
Physicians <i>must</i> provide the effective referral in a timely manner to allow patients to access care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians <i>must</i> take reasonable steps to confirm that a patient was connected, unless the patient has indicated that they prefer otherwise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If physicians learn that the patient was not connected, they <i>must</i> take further action to provide an effective referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians <i>must</i> have a plan in place on how they will connect patients to the services that would typically be requested in their type of practice, but that conflict with their conscience or religious beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate:

Block 4: Draft Policy

The following questions will ask you about the draft [Human Rights in the Provision of Health Services](#) policy.

In order to answer the next few questions, it is necessary for you to have read the draft policy. If you have not read the draft 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.

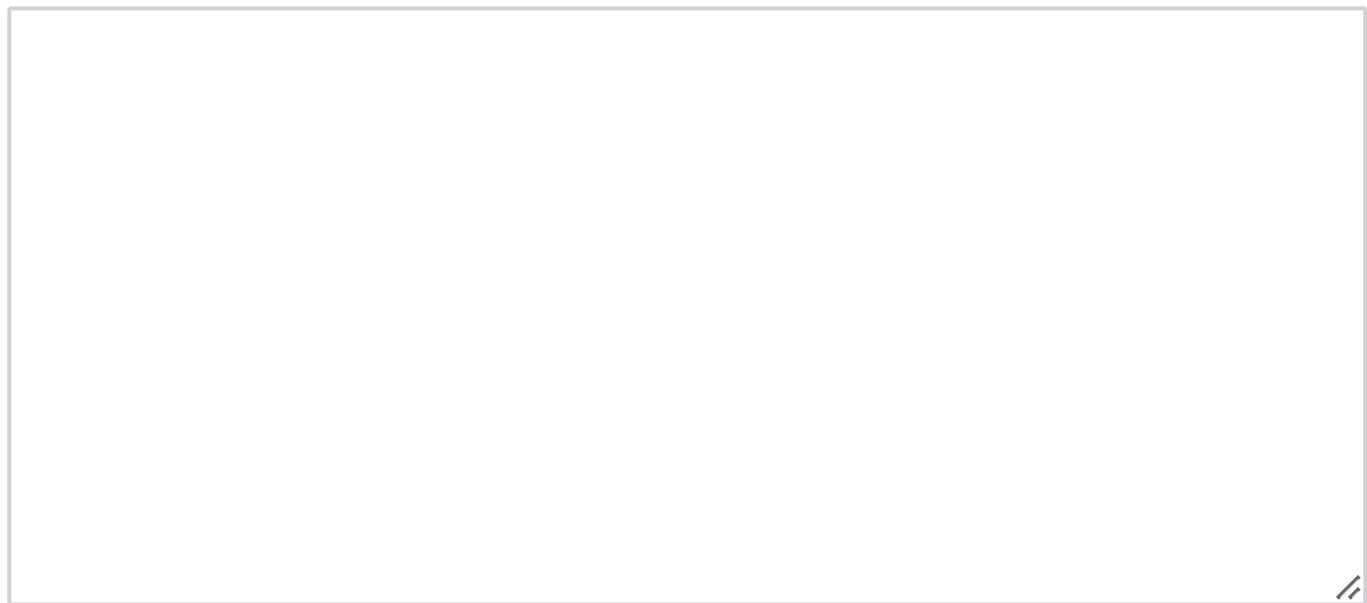
If you would like, you may take a moment to read the draft policy by clicking [here](#).

Have you read the draft *Human Rights in the Provision of Health Services* policy?

☐ Yes

☐ No

Optional: Do you have any comments or suggestions on the clarity, comprehensiveness, and/or reasonableness of the draft policy? For example, how can we improve the draft policy's clarity? How can we make the draft policy more comprehensive? What expectations, if any, did you find unreasonable?



Block 5: Draft Advice

The draft [*Human Rights in the Provision of Health Services*](#) policy has a companion document called [*Advice to the Profession: Human Rights in the Provision of Health Services*](#). The purpose of this *Advice* document is to help physicians understand and interpret their obligations and provide guidance around how these obligations may be effectively discharged.

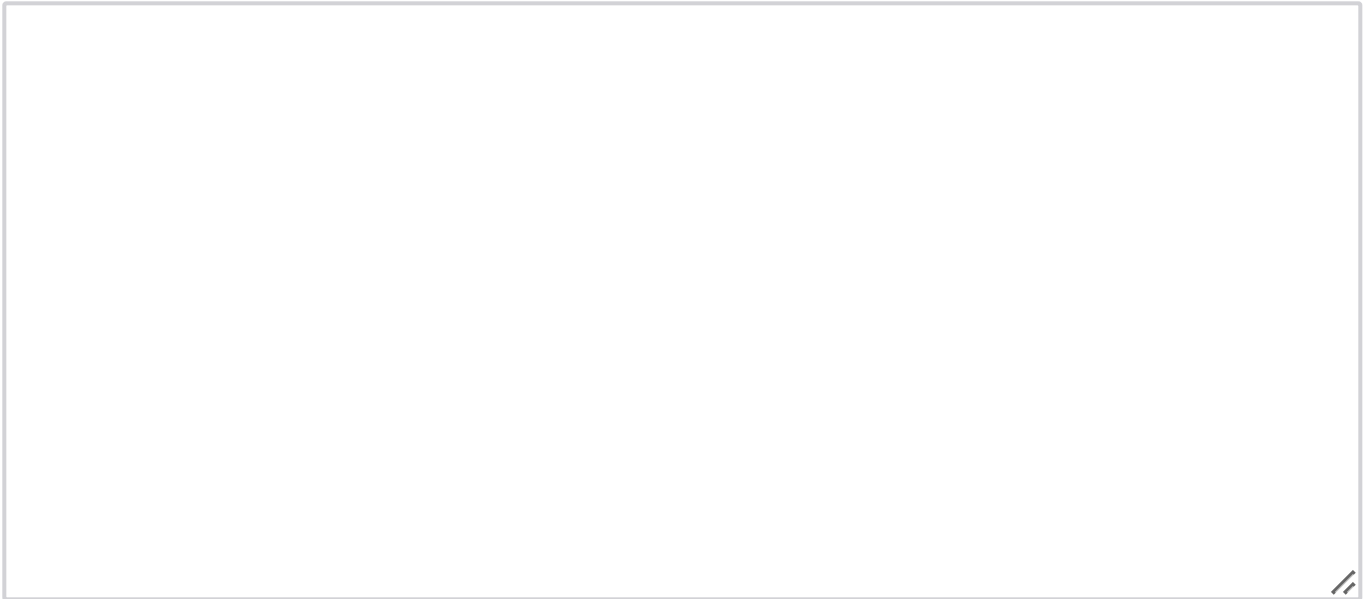
In order for you to answer the next few questions, it is important that you have read the draft *Advice* document. If you have not read the draft document, you will be skipped to the next section; however, the answers you have provided to all previous questions will still be submitted.

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

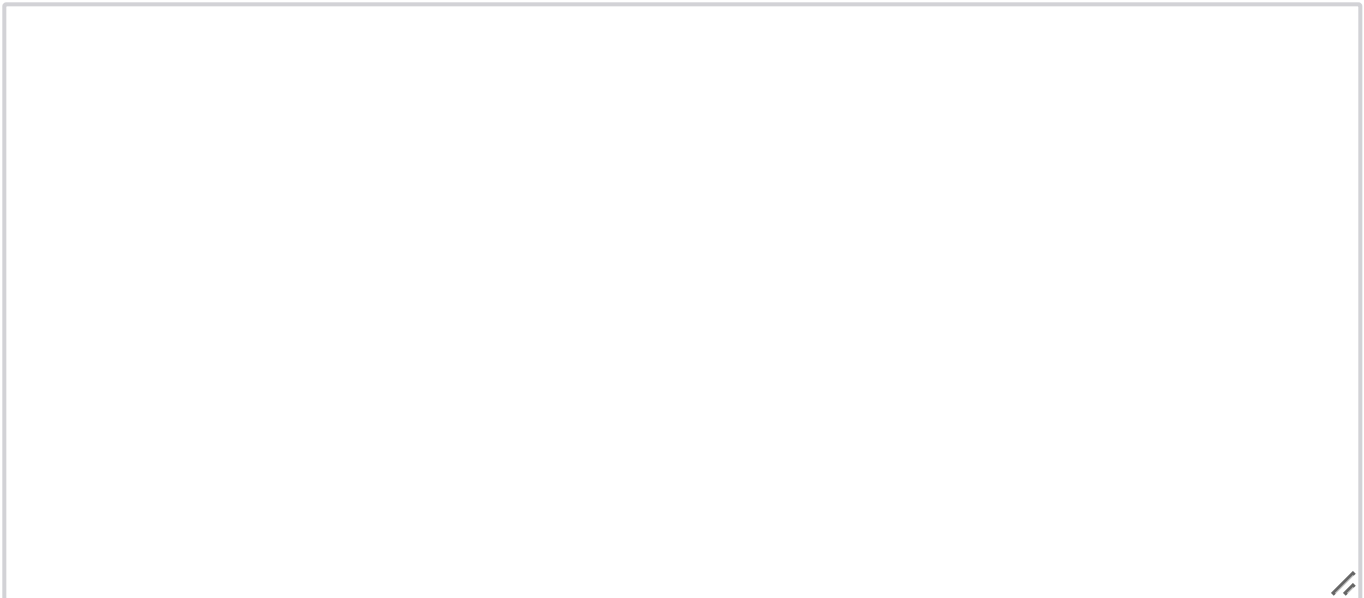
Have you read the draft *Advice to the Profession* document?

- ☐ Yes
 - ☐ No
-

Optional: Is there any additional guidance that would be helpful to include in the *Advice to the Profession* document?

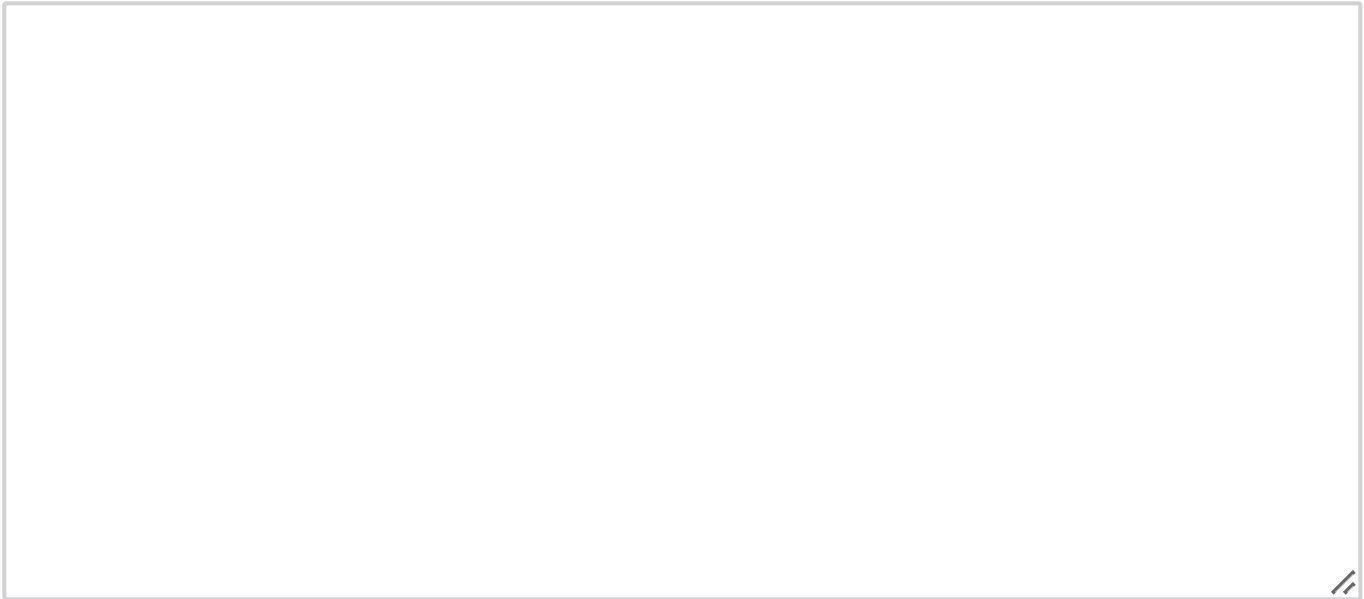


Optional: Is there any information in the draft *Advice to the Profession* document that you think is unhelpful or unnecessary?



Block 6: End

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](#):



Powered by Qualtrics