



Submission to the College of Physicians and Surgeons of Alberta
Consultation on Standards of Practice: Conscientious Objection

January 15, 2024

The Evangelical Fellowship of Canada is a national association of evangelical Christians in Canada. The EFC's affiliates include 47 denominations comprised of over 7,000 churches, 35 post-secondary educational institutions, and 75 ministry organizations. Albertans who are part of EFC-affiliated churches, organizations and institutions would be affected by the CPSA Standard of Practice: Conscientious Objection.

The freedom of conscience is a fundamental freedom and must be respected and maintained in laws and policies. The EFC asserts that a high bar must be set for conscience protection. Accommodation must be to "the greatest extent possible," as set out in the Conscientious Objection draft preamble.

Clause 1 (b) providing information about options

"A regulated member **must** provide accurate and unbiased information about established conventional medical options that may be available or appropriate to meet patients' clinical needs or concerns."

The draft Standard of Practice doesn't set out limitations on who may initiate discussions of Medical Assistance in Dying (MAID), but we urge the CPSA to clearly set out that discussions of MAID must be patient-initiated.

Doctors are in a position of authority, and ideally, trust. When a clinician brings up MAID as an option, it suggests to a patient that the clinician sees their life as not worth living, or that ending their life is something worth considering. The suggestion that MAID is an option is likely to be taken as a recommendation. This cannot be.

Given the reality of medical ableism, clinicians may believe patients should consider MAID due to their disability or chronic illness when patients do not feel they are suffering and are not contemplating ending their life.

Seeking treatment and healing, but instead being offered death by the one designated to provide care can cause feelings of betrayal and great distress. It is in the public interest to protect patients against the possibility of subtle or overt pressure to pursue MAID. To ensure requests for MAID are voluntary and not influenced by the power imbalance in physician-patient relationships, discussions about and requests for MAID must be patient-initiated only.

This is critical now and will become even more so when eligibility is extended to persons with mental illness alone.

We recommend the CPSA amend its Standard of Practice to instruct physicians that conversations about MAID must be patient-initiated.

Clause 1 (e) ensuring access to regulated member or resource

“A regulated member **must** ensure timely access to:

- i) a regulated member who is willing to provide the medical treatment, service or information; or
- ii) a resource that will provide accurate information about all available medical options”

It is important for the Standard of Practice to maintain the option for objecting members to provide access to a resource, as an alternative to ensuring access to a provider.

Clause 1 (f) requiring an effective referral plan

“A regulated member **must** proactively maintain an effective referral plan for the frequently requested services they are unwilling to provide.”

We urge the CPSA to delete clause 1(f) and the language of effective referral.

It goes against the deeply held beliefs of some doctors to connect their patient with a doctor or nurse practitioner in order to have the patient’s life ended. They feel an effective referral would make them complicit in the act that follows. They cannot make a recommendation for a practice that will intentionally end the life of the patient.

Alberta has a care coordination service that allows patients to access services without requiring an effective referral. Requiring an effective referral is a change that would violate the conscience of practitioners and that is unnecessary for patient access.

Protecting physicians’ conscience benefits patients as well. It fosters trust and open, honest communication. It allows patients to find a doctor whose beliefs accord with their own, whether they seek a doctor who supports MAID or one who does not carry it out.

The Council of Canadians with Disabilities (CCD) clearly advocates for robust conscience protection for healthcare professionals so that people with disabilities are able to find doctors they can trust as allies. As the CCD Ending of Life Ethics Committee wrote to Ontario Health Minister Elliott and PC MPPs on April 12, 2021:

Given the ubiquity of medical ableism, it is of utmost importance that physicians and other healthcare providers whose views of the quality and worth of lives lived with disability differ from the majority be afforded robust protection of their conscience rights. People with disabilities need to be able to find doctors and other healthcare

providers who they know will fight for their lives when necessary. Without legal protection of the conscience rights of healthcare professionals, this will not be possible. A failure to enact legislation to protect the conscience rights of healthcare professionals would thus leave thousands of Ontarians with disabilities without recourse to healthcare professionals who they can trust to serve as allies against the ubiquity of medical ableism that devalues and endangers their lives.

All Albertans would benefit from the ability to find physicians whose philosophy of care and convictions align with their own.

Clause 2 (c) delaying an effective referral

“A regulated member **must not** expose patients to adverse clinical outcomes due to a delayed effective referral.”

We recommend the CPSA delete this clause. It uses the problematic language and concept of an effect referral for practices to which physicians have a deeply held conscientious objection. Adverse outcomes and delayed referral are subjective terms, not clearly defined in the policy. As well, this clause is unnecessary, given that clause 2. (c) prohibits impeding access.