

# When patients' death requests supersede physicians' conscience rights

If you're a doctor practicing in the Canadian province of Ontario and your conscience or ethical standards prohibit any participation in a patient's legal euthanasia or assisted-suicide death, you may have to move to another province or country or, worst yet, give up practicing medicine altogether.

Why? Because on May 9, the Ontario Parliament overwhelmingly passed the Medical Assistance in Dying (MAiD) Statute Law Amendment Act (Bill 84), a measure that implements the Federal MAiD law—which took effect last year—by amending various existing Ontario statutes. Unfortunately for conscientiously objecting medical providers, Bill 84 ignored their right to refuse to participate in all aspects of the MAiD process. Another measure (Bill 129) that would have explicitly acknowledged doctors' conscience rights was defeated shortly after Bill 84 was passed.

By failing to address the conscience issue, Bill 84 allows the controversial Professional Obligations & Human Rights Policy, adopted by the College of Physicians & Surgeons of Ontario (CPSO) in 2015, to be the province's ethical and legal standard for acceptable medical practice and conscientious objection.

The policy states, "Where physicians are unwilling to provide certain elements of care for reasons of conscience or religion, an *effective referral* to another health-care provider *must* be provided." CPSO defines "effective referral" as "a referral made in good faith, to a *non-objecting*, available, and accessible physician, other health-care professional, or agency." [CPSO, Professional Obligations & Human Rights Policy, 3/15, p. 5; emphasis added] CPSO's policy forces doctors to refer to an actual "health care provider," not an informational source, such as a government referral service or website.

Dr. Philip Drijber, who says euthanasia and assisted-suicide participation violates his conscience, ethics, and the Hippocratic Oath, explained why making an "effective referral" is a huge problem. "Whether one is the hit man or calls the hit man—the effective referral—both are equally responsible. Intent and assisting are equal in the common law, and the courts have always held so," he said. "An effective referral is participation,

and that's what makes it morally repugnant to health care providers of conscience." [Northfolk News, 4/28/17]

The rationale behind CPSO's policy is popping up in medical circles outside of Ontario as well. In a recent article published by *The New England Journal of Medicine (NEJM)*, University of Pennsylvania bioethicists Ronit Y. Stahl and Ezekiel Emanuel (one of the chief architects of Obamacare) wrote, "Health care professionals are not conscripts, and in a freely chosen profession, conscientious objection cannot override patient care." "Conscientious objection still requires conveying accurate information and providing timely referrals to ensure patients receive care," they explained. Further, doctors who want to "prioritize personal values over professional duties must choose a less personally fraught occupation." [NEJM, 4/6/17]

Likewise, in an editorial published in *The Journal of Community & Supportive Oncology (JCSO)*, Dr. Thomas Strouse opined, "I have come to view 'active non-participation' in legal PAD [physician-assisted death]—that is, decisions by individual physicians and/or health systems not only to not provide, but also not refer patients to possibly willing providers and systems without regard for specific clinical contexts—as a toxic form of patient abandonment." [JCSO, January–February, 2017]

Patients Rights Council consultant Wesley J. Smith calls this kind of thinking "euthanasia tyranny." "Think about this," he wrote. "Three years ago [in Ontario], it would have been a felony for doctors to kill patients, potentially landing them in prison." [The Corner, *National Review*, 5/18/17]

This trend against conscientious objection threatens not only doctors and other professionals—nurses and pharmacists—but also faith-based hospitals, hospices, and nursing homes. In both Canada and the US, civil rights and pro-MAiD groups have been arguing that these medical facilities should be forced to provide euthanasia and/or assisted suicide, especially if the facility's non-participation creates an undue burden on patients seeking MAiD access. [Dying with Dignity Canada, Press Release, 10/6/16; CBC News, 3/20/17; Statnews.com, 1/19/17] ■