

Physicians and the Ontario Human Rights Code Consultation

Online Survey Report and Analysis

Introduction:

An external consultation on the current *Physicians and the Ontario Human Rights Code* policy was held from June 4th to August 5th, 2014.

The purpose of the consultation was to obtain stakeholders' feedback on the existing policy to assist the College in updating the policy. In particular, to help determine how the policy can be improved in order to ensure it reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public.

Invitations to participate in the consultation were sent out via email to all physician members, key stakeholder organizations, including those who represent patients, as well as individuals who had previously indicated a desire to be informed of College consultations. Notices were posted on the College's website, in *Dialogue* and *Noteworthy*,¹ and the consultation was also promoted through social media.

Feedback was collected via email, through an online discussion forum, via regular mail, and through an online survey using Survey Monkey software.

Feedback received through the consultation is posted [online](#), in accordance with the College's posting guidelines. This report summarizes stakeholder feedback received through the online survey.

Caveats:

6400 respondents started the survey (see *Table 1* below). Of these, 1986 respondents did not complete any of the substantive questions.² These respondents were removed from the analysis below. 1311 respondents partially completed the survey, completing at least one of the substantive questions.³ The results reproduced below capture the responses for both completed and partially completed surveys.

Table 1: Survey Status

Started	n= 6400
Complete	3103
	48.5%
Partial Complete	1311
	20.5%
Incomplete	1986
	31%

¹ *Dialogue* is the official College publication and *Noteworthy* is the College's free electronic newsletter for the public.

² These respondents completed only the demographic or 'warm-up' questions and dropped out of the survey before answering questions assessing the draft policy.

³ These respondents completed the section of questions assessing the clarity of the policy, but may have answered further questions as well.

The purpose of this online survey was to collect feedback from physicians, organizations, and the public regarding the existing *Physicians and the Ontario Human Rights Code* policy. Participation in the survey was voluntary and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample is representative of the larger physician, organization or public populations, and no statistical analyses have been conducted.

The *quantitative* data shown below is complete and the number of respondents who answered each question is provided.

Due to the overwhelming volume of responses, the *qualitative* data (open-ended comments) captured below is a reflection of some of the themes or ideas conveyed through the survey, and represents only a small sample of the type of feedback received. The comments are consistent with those provided in the online [Discussion forum](#), available on the College’s website.

Respondent Profile:

Nearly all respondents indicated that they were completing the survey on behalf of themselves (see *Table 2*). A total of 26 respondents indicated that they were completing the survey on behalf of an organization⁴.

Table 2: Respondents

Are you completing this survey on behalf of yourself or an organization?	n=4414
Self	4388
Organization	26

As shown in *Table 3* below, respondents were primarily members of the public (74.9%).

Table 3: Respondents (cont’d)

Are you a....?	n=4414
Physician	534
	12.1%
Organization Staff (e.g. policy staff, registrar, senior staff)	39
	0.89%
Member of the Public	3306
	74.9%
Other health care professional (e.g. nurse, pharmacist)	339
	7.7%
Other (specify) ⁵	196
	4.4

⁴ Historically organizations tend to provide feedback in written form, usually by way of a formal letter sent directly to the CPSO through regular mail or email. These submissions are posted in the WordPress online discussion forum for each consultation. The organizations that completed the survey, at least partially, include: Ontario Hospital Association, Christian Medical and Dental Society of Canada (CMDS), Canadian Physicians for Life, Catholic Women’s League, Catholic Civil Rights League, Knights of Columbus, unspecified Catholic churches, Roman Catholic Diocese of London, St. Joseph Parish, Community of Religious Sisters, English Parishioners of Diocese of Timmins, Legion of Mary, Men for Equality and Non-Violence, Information Outreach Ltd., Nourish Charitable Society, Empirico Research, American Association of Pro-Life Obstetricians and Gynecologists, and Clinique des femmes de l’Outaouais. Several organizations did not identify themselves.

⁵ Of the individuals who identified as “other”, 15 were clergy, 72 were medical students, 6 were social workers, 8 were teachers or professors, and other various professionals or ‘concerned citizens’.

Familiarity with the Policy:

As shown in *Table 4* below, a majority (73.3%) of the respondents indicate that they had read the existing *Physicians and the Ontario Human Rights Code* policy.

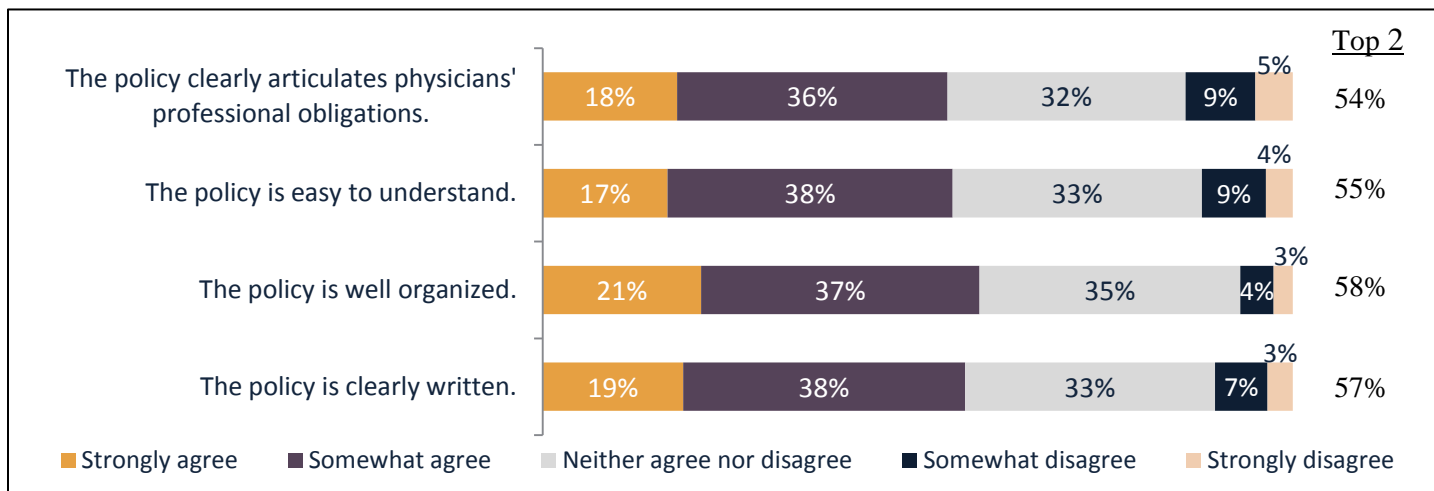
Table 4: Read Policy

Have you read the existing <i>Physicians and the Ontario Human Rights Code</i> policy?	n=4414
Yes	3236 73.3%
No	1178 26.7%

Assessments of the Policy:

As reported in *Figure 1* below, slightly over half of the respondents think that the policy articulates physicians' professional obligations (54%), the policy is easy to understand (55%), and overall, the policy is clearly written (57%). A majority of the respondents (58%) think the policy is well organized.

Figure 1: Clarity of Policy



Base: n=4414.

Open ended feedback regarding the clarity of the policy was collected from 1,169 respondents.⁶ A sample of some of the feedback included suggestions that the policy should:

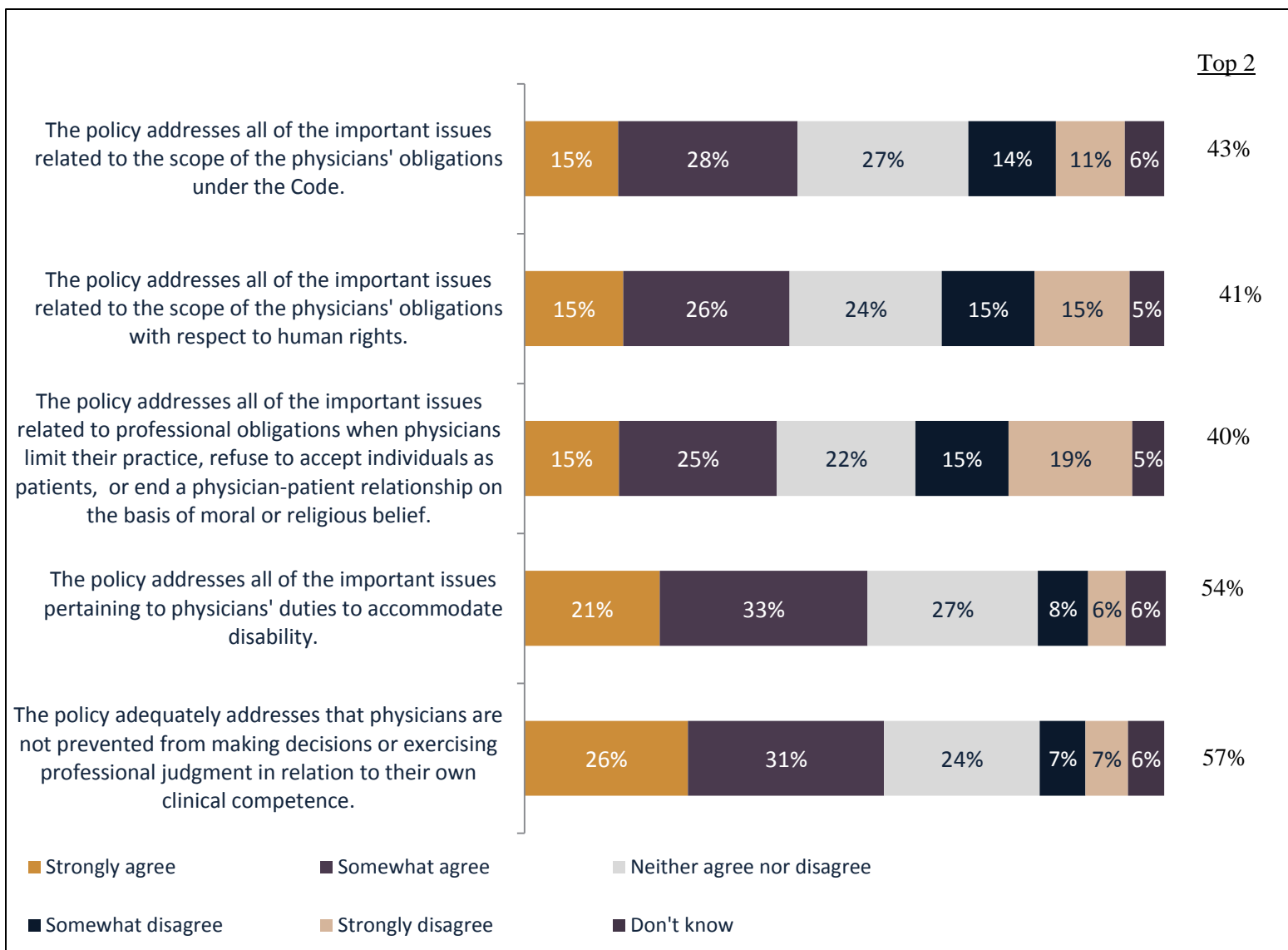
- Make it clear that human life must be protected, whether unborn, disabled or nearing end of life;
- Clearly state that a physician, despite their moral beliefs, has an obligation to refer their patient, or someone they've declined to take on as a patient, to another physician, i.e. for emergency contraception or an abortion;
- Ensure physicians do not have to refer for abortions or other procedures;
- Clarify the patient's rights, if any, when a physician's religious beliefs interfere with their ability to provide care;

⁶ Q7. How can we improve the draft policy's clarity? (Please feel free to elaborate on your answers above or touch on other issues relating to clarity).

- Clearly state that doctors should provide at least one wheelchair accessible consulting room in their practice (large enough for a wheelchair to easily turn around without removing chairs, or garbage cans, or other existing furniture in the room);
- Provide some examples to illustrate the policy statements, such as how physicians are expected to behave in scenarios that conflict with their religious or moral beliefs;
- Clearly spell out what harm you are attempting to avoid;
- Ensure that conscience protection for those with religious beliefs is clearly stated and supported; and
- Provide more clarity on the difference between what constitutes discrimination versus a physician’s decisions based on their moral or religious beliefs.

As reported in *Figure 2* below, approximately 40% of the respondents think that the policy addresses all of the important issues related to the Ontario *Human Rights Code*⁷ or human rights. And 54% think the policy addresses all of the important issues pertaining to accommodating patients with disabilities in medical practice.

Figure 2: Comprehensiveness of Policy



Base: n=3300.

⁷ *Human Rights Code, 1990, R.S.O. 1990, c. H.19.*

Open ended feedback regarding the comprehensiveness of the policy was collected from 1,368 respondents.⁸ A sample of some of the feedback included suggestions that the policy should:

- Not be revised (no changes required);
- Be revised so that physicians do not feel threatened in any way by the thought of exercising their conscience. The doctor should never be penalized for refusing to participate in procedures that go against his or her conscience;
- Remind physicians of their primary duty to the well-being of their patients and that this obligation is as important as the Human Rights Code;
- Clearly address the conflict between "do no harm" and intentional termination of life, i.e. abortion and euthanasia;
- Clarify that women and transgender men should not be discriminated against by physicians on the basis of their gender, their pregnancy status, or their political beliefs on abortion. Physicians should serve the public, not their own beliefs;
- Clearly outline which practices can be limited or refused based on religious and core beliefs of the physician;
- Address the issues of contraception and abortion;
- Outline what is meant by physician's expressing 'personal judgments' about their patient's beliefs, lifestyle, identity or characteristics;
- Clearly state physicians' professional obligations when they limit their practice or refuse to accept patients; and
- Acknowledge the more recent and current issue of end-of-life care and the role of physicians.

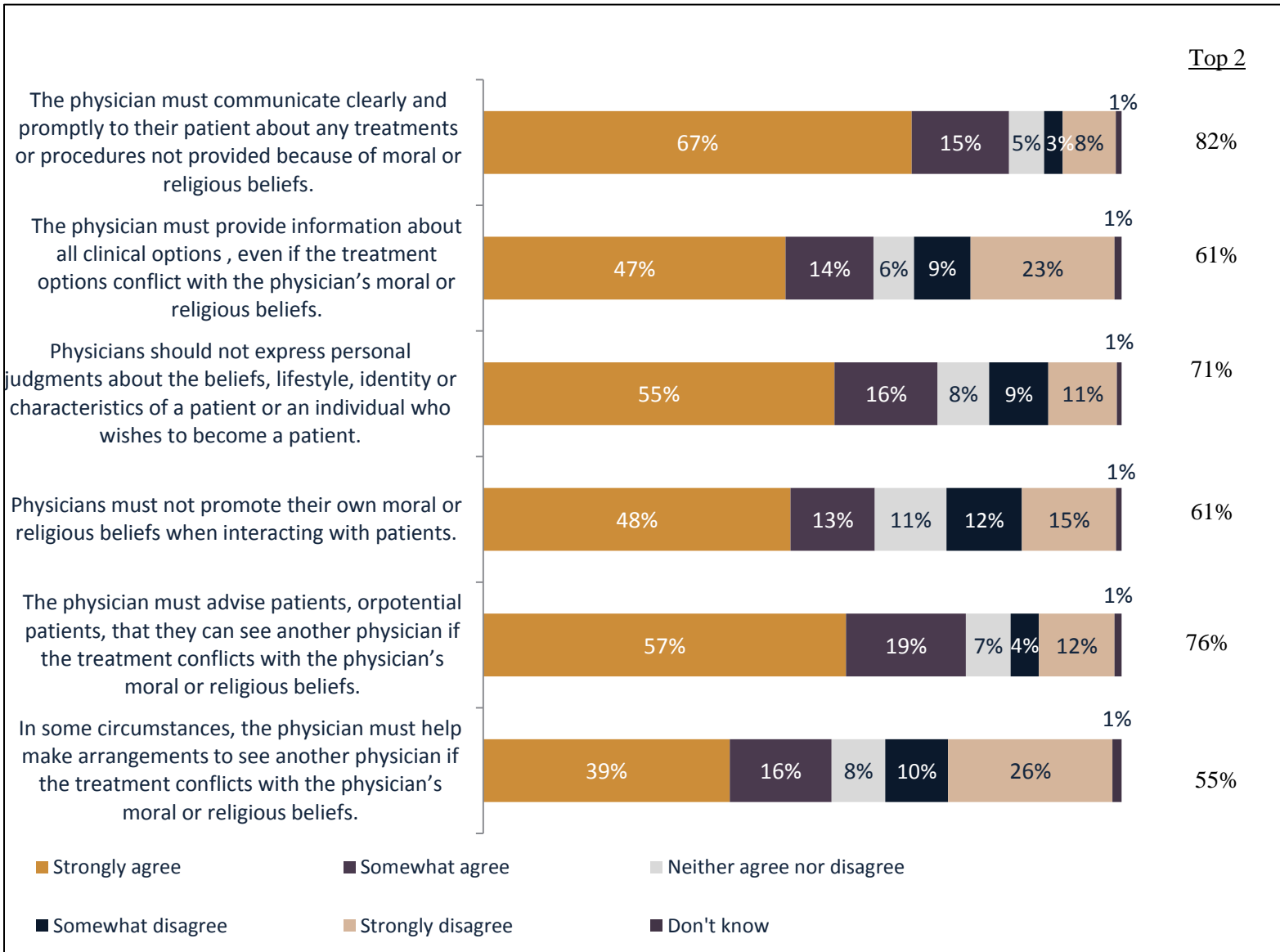
As *Figure 3* below reports, a significant majority of the respondents are supportive of the existing policy expectation that physicians must communicate clearly and promptly to their patient about any treatments or procedures they choose not to provide because of the physician's moral or religious beliefs (82%). In addition, a strong majority of the respondents are supportive of the existing policy expectation that physicians must advise patients, or individuals who wish to become patients, that they can see another physician with whom they can discuss their situation if the treatment conflicts with the physician's moral or religious beliefs (76%).

However, only about half of the respondents felt the physician had a duty to help the patient make arrangements to see another physician (55%), and only a moderate majority felt that the physician must provide information about all clinical options that may be available or appropriate (61%). Notably, respondents did not strongly endorse the College's prohibition on physicians promoting their own moral or religious beliefs when interacting with patients (also 61%), nor did respondents fully endorse the College's prohibition on physicians expressing personal judgments about the beliefs, lifestyle, identity or characteristics of a patient or potential patient (71%).

Figure 3 next page ->

⁸ Q9. How should the expectations for physicians be revised? Are there any issues or topics related to physicians' obligations under the Code that are not covered in the policy but should be? (Please feel free to elaborate on your answers above or touch on other issues relating to comprehensiveness.)

Figure 3: Policy Issues – If a physician refuses to provide a patient with a treatment or procedure because it conflicts with the physician’s religious or moral beliefs, how much do you agree or disagree that the physician must do the following?^{9,10}



⁹ Base n= 3117.

¹⁰ The first, second, fifth and sixth statements in Figure 3 has been abbreviated for formatting purposes; the complete questions are as follows: (1) “The physician must communicate clearly and promptly to their patient about any treatments or procedures they choose not to provide because of the physician’s moral or religious beliefs.” (2) “The physician must provide information about all clinical options that may be available or appropriate based on the patient’s medical needs or concerns, even if the treatment options conflict with the physician’s moral or religious beliefs.” (5) “The physician must advise patients, or individuals who wish to become patients, that they can see another physician with whom they can discuss their situation if the treatment conflicts with the physician’s moral or religious beliefs.” (6) “In some circumstances, the physician must help the patient or individual make arrangements to see another physician with who they can discuss their situation if the treatment conflicts with the physician’s moral or religious beliefs.”

Open ended feedback, regarding the policy statements, was collected from 1,841 respondents who *agreed* with one or more of the policy statements.¹¹ A sample of some of the feedback received is included below:

- The College should require physicians to, despite their own moral and religious beliefs, provide a referral to another physician who can provide the medial services they are seeking;
- The policy should ensure religion will be not used by doctors to discriminate against women. Neither religion nor moral beliefs should ever be allowed to compromise medical care;
- The policy should require physicians to provide all information about health care options, even those not preferred by the medical community;
- Strongly agrees with the above statements, but also believes that the physician needs to be able to act in the framework of his/her conscience (which may be informed by religious faith or background);
- When it comes to public funding, everyone receives the same service. Religious or moral beliefs do not trump another person's rights; and
- The overall thrust of these statements is appropriate. The physician does not judge or preach to the patient, but provides advice and referrals.

Open ended feedback, regarding the policy statements, was collected from 1,268 respondents who *disagreed* with one or more of the policy statements.¹² A sample of some of the feedback received is included below:

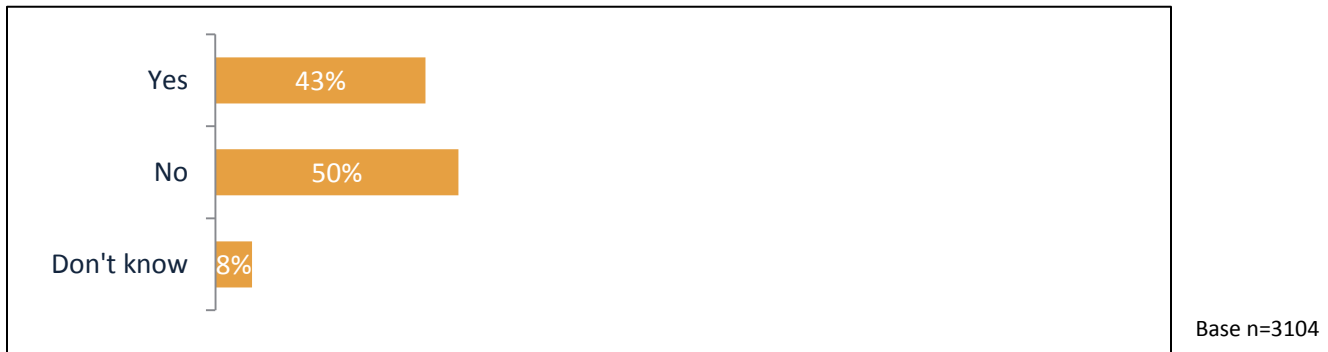
- Physicians should have the right to decline non-emergency care based on their own moral and/or religious beliefs. Nobody should be forced to sacrifice their morals;
- If the physician has strong moral objections to certain procedures, they may feel that even informing a patient that the procedure is available would be against their conscience;
- If a physician is permitted to refuse services on the basis of religious beliefs, the onus must be *upon the physician* to arrange for the patient to be assisted by another physician;
- It would constitute mortal sin for a Catholic physician to direct a patient to another physician who will likely promote or recommend a medical procedure that the Catholic faith has identified as seriously sinful;
- A physician must not be required to give any advice which is contrary to their beliefs;
- If a treatment is considered unethical then it cannot be discussed as a valid option. Regarding sharing of one's faith: a physician treats the body of his patients, but quite often the mental and spiritual aspects of a patient's well-being are also to be considered. A physician should not be expected to ignore this aspect of their patients;
- No physician should be forced by regulation to breach her or his conscientiously held beliefs on matters that are publically contestable. Racism is not publically contestable; sexual conduct, abortion and euthanasia are; and
- Mandating a physician to make arrangements for a patient to see another physician to obtain treatment of questionable moral value is tantamount to forcing the physician into being complicit in the treatment.

¹¹ Q11. If you agreed with any of the above conditions, please elaborate on your answer. The policy statements are contained within Figure 3 and in *verbatim* in footnote 10.

¹² Q12. If you disagreed with any of the above conditions, please elaborate on your answer. The policy statements are contained within Figure 3 and in *verbatim* in footnote 10.

As Figure 4 below reports, respondents were divided as to whether physicians should be required to refer patients to other physicians where a moral or religious belief prevents provision of a treatment.

Figure 4: Policy Issues – When physicians refuse to provide treatments or procedures on the basis of moral or religious belief, do you think those physicians must be required, in all instances, to refer patients to another physician or health care provider who will provide the treatment or procedure?



Open ended feedback regarding the question proposed in Figure 4 (whether physicians must be required, in all instances, to refer patients to another physician in cases of religious or moral objection), was collected from 1,762 respondents.¹³ A sample of some of the feedback is included below:

- It seems criminal that a physician should be allowed to bill the health care system for a visit from an existing or potential patient and not at least provide them with a referral elsewhere;
- Referring a patient to another doctor is in some way collaborating with or enabling a procedure the physician may consider immoral, and is in some circumstances equivalent to murder;
- The physician can direct the patient to a directory of physicians to find a new doctor. The physician who is morally/religiously conflicted does not have to make a direct referral (doctor to doctor);
- They have no right to deny treatment. If they feel strongly about their religious rights they need to find a different profession that would make them more comfortable.; and
- If it is not an emergency situation, a physician should not be required to provide information on where to obtain a procedure they are morally opposed to. Patients are able to find that information themselves if they so desire.

¹³ Q14. Please feel free to elaborate on your answer (referring to the question in Figure 4: When physicians refuse to provide treatments or procedures on the basis of moral or religious belief, do you think those physicians must be required, in all instances, to refer patients to another physician or health care provider who will provide the treatment or procedure?)

A final open-ended question was included in the survey in which respondents could provide any additional comments on the current policy.¹⁴ A total of 611 respondents opted to provide comments to this last question. A sample of some of the feedback is included below:

- This (policy) should be provided to medical students, and on through residency and on-going education. There is a place for conveying one's religious beliefs (ex: in Church, or with the College or with bodies that set standards of practice) and NOT with a patient who is vulnerable and in a moment of crisis;
- Religious and moral beliefs allow women to be treated very badly. Please keep medicine and church separate;
- Just as a patient ought not be required to have treatment performed on him/her against his/her consent, should a physician be required to provide treatment against his/her consent?;
- I do not want to have a doctor who is forced to act against his/her conscience;
- I am concerned that in my lifetime religious standards have been replaced with decreasing care for mankind and life, old and young;
- It is a fine balance - physician's conscience and the patient's right for medical services. A physician must refer the patient (and with the proper/full information, hand-off done in a timely manner) to another physician who will provide such medical service;
- Please protect member physicians' conscience and keep excellent physicians in Ontario;
- The CPSO has been quite accommodating by soliciting feedback on this issue;
- I find it perplexing that the College would even consider forcing a person to kill someone, because after all euphemisms that is what euthanasia and abortion do;
- Life is to be honored from all stages of development from natural conception to natural death;
- I do not wish to be governed by politicians or treated by physicians who have been forced to leave their conscience at the door. This will lead to a lesser standard of medical care;
- Access to basic medical care should never be a matter of "debate" in this country or anywhere. The current policy actively discriminates against women and LGBTTQ individuals and does NOT provide the supposed balance between a doctor's rights and a patient's;
- Physicians should NOT be forced to practice what they believe is morally wrong, regardless of the circumstances;
- I worry about individuals in remote areas with only one physician, with no options or means to travel to see another physician, how will those cases be handled? The patients in that area can and probably would be held hostage by that individual's personal beliefs and that is not right;
- I am concerned by reports that pro-life organizations are flooding your survey. Please note that these are extremist organizations and that they do not represent the majority of Ontarians. There are so many more Ontarians that desperately need access to medical advice and care than there are Ontarians who wish to restrict the rights of their fellow citizens to that advice and care;
- Is the Executive of the College seriously considering not respecting the dignity and informed consciences of its members?; and
- I believe that compromising anyone's right to religion and belief is a very dangerous path to tread. This is a basic human right ingrained in the foundations of liberty and democracy and, regardless of your profession; you should be able to maintain this freedom.

¹⁴ Q15. If you have any additional comments that you have not yet provided, please provide them below, by email or through our online discussion forum.