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Dear Council Members of the College of Physicians and Surgeons of Saskatchewan,

Thank you for the invitation to offer feedback to your draft policy on conscientious refusal. It worries me greatly that your CPSS draft policy could result in doctors being required to participate in morally controversial procedures, in a way that disregards their ethical and professional judgment. The implications of this policy are far-reaching, especially in cases that involve birth control, abortion, euthanasia or assisted suicide. By requiring doctors to make referrals and perform such procedures when the regulator (CPSS) considers that a referral would cause a delay that might jeopardize the patient's health or well-being, you are asking doctors to set aside their moral convictions in a new and problematic way. Doctors who on moral grounds choose not to participate in such referrals or procedures will be vulnerable to punishment from the regulator, even though their fundamental freedom of conscience and religion is guaranteed by the Canadian Charter of Rights and Freedoms. This is a form of discrimination against any physician striving to abide by his or her conscience.

There is no human right in Canada to demand or receive particular services from a specific physician, and referrals are as morally problematic as doing the procedure itself. At present, protections already exist in Canadian Medical Association's Code of Ethics #12, currently endorsed by the CPSS, to ensure that patients are served without discrimination and have access to procedures. Rather than implementing the proposed draft policy, I would encourage you to consider extending the code to provide conscience discussion guidelines as a way to bolster patient and physician trust.

A physician's primary concern is for the patient's health. Even when the physician is not able to participate in the implementation of a patient's ultimate decision, the professional relationship between them can be maintained and may even be enhanced if physicians in these circumstances clearly communicate the services they will or will not provide from the beginning of the doctor-patient relationship. Physicians would simply request that their rights be respected, just as they respect the rights and feelings of their patients. In medical ethics this doctor-patient relationship is paramount, and the values of dialogue and consent housed within it need to be preserved, so as not to stifle the choices of either party.

I would strongly encourage the CPSS not to legislate a policy that threatens anyone's right to freedom of conscience. As my colleague Sandra Kary (Catholic Health Association of Saskatchewan) has noted in her letter to you, "The people of Saskatchewan deserve to be cared for by physicians who bring their whole selves to the bedside, and who are encouraged by their governing body to do so."

Yours sincerely,

† Donald Bolen
Bishop of Saskatoon