

Barbara Kay: Doctors who conscientiously object to providing euthanasia referrals should not be forced to do so

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Fotolia

Conscientious objectors shouldn't be shunned for merely holding to the originalist criterion of their vocation.

From June 12 to 15, the Ontario Superior Court of Justice heard legal arguments relating to conscience rights for doctors in Ontario. Five doctors and three physicians' organizations want the court to declare portions of policies created by the College of Physicians and Surgeons of Ontario (CPSO) a violation of doctors' rights enshrined in the Charter. A decision is expected later this year.

CPSO, the respondent in the case, has stated they may suspend or sanction a doctor that refuses to participate in an assisted suicide, which they — duplicitously in my opinion — call “medical aid in dying” (MAID). Euthanasiasts prefer the euphemism because “aid in dying” sounds softer and gentler than “kill.” But the true definition of MAID is palliative care, whose future as a medical discipline has been thrown into uncertainty by the CPSO's bullish stance on assisted suicide.

The CPSO's conscience- hostile position is both unnecessary and unjust.

It is unnecessary because conscientious objection does no harm. The CPSO's concerns are based largely on invented hypotheticals about helpless patients being blocked by conscientious objectors from receiving referrals to doctors who can assist with their suicide. A practical system can easily route patient wishes without moral agency having to be exercised by the objector. Nobody presently eligible for euthanasia need suffer from some doctors exercising their conscience rights. In cases where geographic isolation and dependence on a single care- provider is a concern, there are easier and better solutions (tele-consultations, for instance) than forcing a local doctor to act against his or her conscience.

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It is unjust because conscientious objection is the outward expression of many individuals' core identity. The fact that this identity tends to coincide with Christian faith (a politically unpopular belief system) does not mean it should receive less respect in a democracy than a core gender identity that claims to need its own pronouns (a more politically trendy cause that presently receives near- reverential public respect).

But it is not the practical progress from A (the wish for euthanasia) to B (death) that bothers the CPSO; rather it appears the CPSO is disturbed by some members' temerity in harbouring politically incorrect beliefs. We saw the same attitude in 2008 in a [policy document](#) (currently under review) issued by the CPSO on physicians' conscientious objection to performing or referring for abortions. There was no shortage of doctors willing to perform abortions. Yet the document's thrust was to threaten conscientious objectors with aggressive Human Rights Commission retaliation for failing to co- operate with abortion provision or referrals.

I find it passing strange that physicians bent on practicing only the primary tenets of their noble profession — whether it is facilitating healthy pregnancies and deliveries, or healing illnesses and mitigating suffering — should endure “shunning” within their professional organization merely for holding to the originalist criterion of their vocation.

If the CPSO were a country, it would be Sweden.

Ellinor Grimmark is a Swedish midwife and devout Christian who was professionally [blacklisted](#) in Sweden for her pro- life beliefs. She had taken up her vocation in order to deliver and provide after- care for mothers, and assumed she had the right to a conscience carve- out (as a few other doctors and midwives had before her). In the birth wards where Grimmark worked, only one per cent of pregnancies, all late- term, ended in abortion — and those were pre- planned. Moreover, Sweden is drastically short of midwives. So her assumption would seem to have been well- founded.

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But Sweden’s infamously rigid “opinion corridor” is becoming more and more punitive of dissenters from what is considered correct thought. In the final term of her studies, when she made her conscientious objections to abortion clear, Grimmark was denied the right to practice. One hospital supervisor furiously demanded, “How could you even think of becoming a midwife with these opinions?” Elsewhere, she was offered counselling to overcome her views. In January, a TV segment framed Grimmark as emblematic of “a global wave of oppression against women.”

Grimmark was forced to accept a position in neighbouring Norway, where objectors are accommodated (this involved a four hours’ commute each way; eventually she and her husband moved there, where she has delivered over 200 babies). Grimmark sued her county and claimed damages for violation of the European Convention on Human Rights, which has been Swedish law since 1995. She lost her case, but will now appeal it to the European Court of Human Rights, which cannot overrule Sweden’s courts, but can order a compensation payment.

Norway and Denmark manage to deliver abortion services to all who require it without abrogating conscience rights. According to Grimmark, “we’ve had mothers dying (in Sweden) because they didn’t have midwives. It’s crazy.” She’s right.

Puritanism has been defined as the haunting fear that someone, somewhere may be happy. The CPSO knows there is no shortage of abortionists and euthanasists. They are beset by the haunting irritation that some doctors somewhere harbour politically incorrect opinions. The CPSO is locked into its very own windowless, anti- democratic opinion corridor. Let’s hope our courts have the wisdom to emulate the Norwegian model of conscience accommodation, rather than the Swedish one.

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