Justice Centre
for Constitutional Freedoms

Continuing the Healing Tradition:
Charter Protection for Freedom of Conscience

A legal analysis of the constitutionality
of the draft guidelines for conscientious objection
of the College of Physicians and Surgeons of Alberta

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R. J. Cameron, B.A., L.L.B. and John Carpay, B.A., L.L.B.

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Introduction

In December 2015 the College of Physicians & Surgeons of Alberta ("CPSA") released its *Advice to the Profession* on physician-assisted death (the "*Advice*") in light of the Supreme Court of Canada's decision in *Carter v. Canada (Attorney General)*, 2015 SCC 5 ("*Carter*"). The *Advice* was most recently revised in March 2016 and a statement on the CPSA website clarifies that further revisions to the *Advice* are expected.[1]

A "preamble" to the *Advice* states as follows:

> The College of Physicians & Surgeons of Alberta ("CPSA") provides advice to the profession to support physicians in implementing the CPSA *Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Despite the preamble's statement that the *Advice* does not constitute a standard of practice, it is apparent that the *Advice* is directed to the profession as a whole, and is meant to inform and enforce physicians' conduct in matters pertaining to physician-assisted death ("PAD") pending further amendment to the CPSA *Standards of Practice*. This is apparent both from the mandatory language in certain provisions, as well as from the inclusion of an investigatory provision of physicians who may be the subject of a complaint in regards to PAD.[2] The *Advice* is therefore not merely a *recommendation* to Alberta's physicians, as one might suspect from its title.

Given the spectre of investigation and professional sanction, the highest level of scrutiny is required to ensure that neither the *Advice* nor amendments to the CPSA *Standards of Practice* violate the rights enshrined in the *Canadian Charter of Rights and Freedoms* (the "*Charter*"), in particular *Charter* section 2(a) freedom of conscience and religion.

In our view, the *Advice* disproportionately focuses on patients to the exclusion or diminishment of physicians' legal and constitutional rights. The compulsory provisions in the *Advice* require an Alberta physician to fully explain and discuss PAD as a medical option with inquiring patients, as well as provide referrals. Failure to adhere to these requirements raises the threat of professional discipline. It is for this reason that the *Advice* cannot be said to comply with the *Charter*. If challenged in Court, we anticipate the offending portions of the *Advice* would be found to be void. The CPSA should not make the further mistake of codifying the overreaches of the *Advice* in the pending amendment to the *Standards of Practice*.

Issues

This paper focuses on sections 2 (Patient Request for PAD), 9 (Period of Reflection), 16 (Conscientious Objection) and 17 (Complaints Arising) of the *Advice*.

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[1] See *Advice* at: [http://www.cpsa.ca/standardspractice/advice-to-the-profession/pad/]
[2] *Advice*, para. 17.

The issues can be described as follows:

1. The requirement in the *Advice* that a conscientiously objecting physician must refer a patient to a doctor who is comfortable facilitating the patient's death;

2. The requirement in the *Advice* that a conscientiously objecting physician must fully discuss and confer with the patient in regards to PAD as an option, and the inherent ambiguities in this requirement;

3. Failure to account for the *Charter* rights of physicians, and focusing disproportionately on the "rights" of patients to legal treatment options;

4. The spectre of punishment for following the dictates of one's conscience.

Preliminary observation: suicide and dying are not the same

Through palliative care for individuals who are terminally ill, physicians have been assisting patients with dying for many years. The authors are not aware of any instance where doctors have objected to, or refused to refer for, physician-assisted dying. Physician-assisted dying appears to pose no challenge or problem vis-à-vis the moral and ethical practice of medicine.

The Supreme Court of Canada in *Carter* dealt with a constitutional challenge to the *Criminal Code* prohibition against **assisting a person to commit suicide**. There has never been a *Criminal Code* prohibition against assisting a person who is dying, nor does such prohibition exist today. While suicide is a way or means of dying, suicide and dying are not the same things. Accordingly, this paper hereafter refers to "physician-assisted suicide" or PAS, rather than to "physician-assisted dying".

Unfortunately, it appears that when the College uses the term "physician-assisted dying", the College is actually referring to "physician-assisted suicide", which many physicians object to for moral and ethical reasons.

Analysis

The pertinent requirements in the *Advice* are reproduced below for ease of reference.

Advice Requirements of All Physicians (the "Requirements")

> 2. Patient request for PAD – Upon receiving a patient's request for PAD, **the physician must have a complete and full discussion about PAD with the patient. Physicians are expected to provide patients with all the information required to make informed choices about treatment, including diagnosis, the natural history and prognosis of the medical condition, treatment options and**

the associated risks and benefits, and to communicate the information in a way that is reasonably likely to be understood by the patient. The physician's role also involves seeking to understand the patient's circumstances, perspective and reason for the request; counseling the patient on treatment options; and, at the patient's discretion, disclosure to family and other supporting individuals. A patient's decision regarding disclosure should be respected on the basis of confidentiality. For many who seek this option, a timely discussion of all end-of-life issues will be necessary. For others – such as those with chronic but non-terminal conditions – a longer period of time may be appropriate to explore the patient's personal values, concerns and end-of-life issues. [emphasis added]

9. Period of reflection – A period of reflection should follow the initial request in most cases, the length of time proportional to the urgency of the patient's circumstances. For a [sic] patients with a non-terminal and slowly progressive condition, a reflective period of 14 days is recommended. If, after reflection, the patient wishes to proceed, then **the physician must review all aspects of the PAD process with the patient** and remind the patient of his/her opportunity to rescind the request at any time. [emphasis added]

16. Conscientious objection – Physicians may decline to provide PAD if doing so would violate their freedom of conscience. Paragraph 132 of the Carter decision says "In our view, nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying," and further "we underline that the *Charter* rights of patients and physicians will need to be reconciled." Conscientious objection is addressed in the CPSA standard of practice Moral or Religious Beliefs Affecting Medical Care. A physician who declines to provide PAD must not abandon a patient who makes this request; the physician has a duty to treat the patient with dignity and respect. **The physician is expected to provide sufficient information and resources to enable the patient to make his/her own informed choice and access all options for care, *even if providing such information conflicts with the physician's moral or religious beliefs.* This currently means arranging timely access to another physician or resource that will provide accurate information about all available medical options.** Physicians must not provide false, misleading, intentionally confusing, coercive or materially incomplete information, and the physician's communication and behaviour must not be demeaning to the patient or to the patient's beliefs, lifestyle choices or values. The obligation to inform patients may be met by delegating this communication to another competent individual for whom the physician is responsible. [emphasis added]

17. Complaints arising – If a PAD-related complaint is submitted to the College, the College will manage the complaint as it does all complaints, with a focus on ensuring appropriate patient care, fairness and improving medical practice. In the experience of the College, inadequate communication is the root of most complaints. **Whether participating in, providing or conscientiously declining to provide PAD, physicians**

> **should take extra care to ensure communication and documentation of these discussions is optimal.** [emphasis added]

The *Advice* addresses the provision of PAS from a patient's initial inquiry to a physician to the actual delivery of death by the medical establishment, and the follow-up documentation. The *Advice* ignores and attempts to override the rights of conscientiously objecting physicians in a number of concerning ways.

Paragraph 2 of the *Advice* contains the requirement that physicians must have:

> ...a complete and full discussion about PAD with the patient. Physicians are expected to provide patients with all the information required to make informed choices about treatment, including diagnosis, the natural history and prognosis of the medical condition, treatment options and the associated risks and benefits, and to communicate the information in a way that is reasonably likely to be understood by the patient.

Paragraph 9 of the *Advice* contains a similar requirement:

> If, after reflection, the patient wishes to proceed, then the physician must review **all aspects** of the PAD process with the patient... [emphasis added]

As the CPSA is aware (evident from the inclusion of paragraph 16 of the *Advice*) some doctors are prevented by their conscience or religion from participating in the delivery of PAS. Similarly, conscience may preclude some physicians from having substantial involvement in either the consultation or referral process. Doctors are individuals with individual consciences, and individual rights of conscience. The CPSA has an obligation to respect, not a conceptual or theoretical conscience, but the conscience rights of actual individuals. As a result, the CPSA's requirements may overreach in some cases – such as the use of the words, "all aspects" in paragraph 9.

Similarly, paragraph 16 of the *Advice* contains a requirement that all physicians provide sufficient "information and resources". No explanation is offered by the CPSA as to what constitutes "sufficient information and resources." The provision of "resources", for example, might include a requirement to refer a patient to another physician who is comfortable assisting a patient to kill herself, something which many physicians cannot morally do. By including such provisions in the *Advice*, the CPSA creates a foreseeable conflict between the deep and sincerely held beliefs and convictions of physicians, and these new requirements of their profession.

There is no reason to create such a conflict. The CPSA is able to reconcile the interests of patients to obtain PAS resources with the rights of physicians who have a conscientious objection to being involved in the PAS process. The CPSA can obtain in advance the names of doctors who are able to be involved in PAS consultations and the delivery of PAS as a service. The CPSA can establish a central hotline or other information database that is accessible to patients and their families. Nothing requires the CPSA to attempt to override the consciences of objecting physicians, and it is highly improper for the CPSA to attempt to do so. Obligations of conscience are not owed to an employer or to the CPSA; an employer or the CPSA has no jurisdiction to infringe them.

The CPSA has included vague conscience protections for physicians under paragraph 16 of the *Advice*. But this protection in the *Advice* is limited to the concession from the CPSA that an objecting physician is not required to participate actively in the actual delivery of PAS. The CPSA requires that physicians have detailed discussions with patients regarding PAS and to refer to another physician for the delivery. The CPSA requirement specifically states that "the physician is expected to provide sufficient information and resources to enable the patient to make his/her own informed choice and access all options for care, **even if providing such information conflicts with the physician's moral or religious beliefs.**" [emphasis added] By including this latter (emphasized) provision, the CPSA directly establishes its intention to place itself and its requirements above the consciences of the physicians that it regulates on a professional level. This is a serious error.

It is surprising that an organization governing physicians and surgeons would ignore the convictions of doctors resulting from a millennia old prohibition against killing patients,[3] as well as from religious conviction. The legal prohibition against PAS has existed for seven centuries in the English common law. The fact that the Supreme Court of Canada in *Carter* made PAS legal does not erase the deeply held convictions of some practitioners. Would the CPSA turn the physicians it regulates into unthinking and a-moral automatons? Does it not expect physicians to be governed by a strong sense of moral and ethical personal responsibility in other areas of practice? The CPSA must consider the terrible consequences that may occur from mandating the overriding of a physician's conscience in one aspect of service and the necessary implications this could have in other circumstances where the CPSA expects a physician's conscience to govern.

Thankfully, *Carter* upholds the rights of physicians.[4] The CPSA has confirmed its awareness in the *Advice* of these protections. It is therefore very surprising that the CPSA has chosen to ignore *Carter* by attempting to override the consciences of physicians in the *Advice*. Coupled with the threat of professional sanction in paragraph 17 of the *Advice*, the CPSA's actions are deeply troubling.

The moral practice of medicine

Similar to the Hippocratic Oath, the Canadian Medical Association *Code of Ethics* also promotes the ethical practice of medicine, exhorting physicians to "[r]esist any influence or interference that could undermine your professional integrity", "[r]efuse to participate in or support practices that violate basic human rights" and "[r]ecommend only those diagnostic and therapeutic services that you consider to be **beneficial** to your patient or to others."[5] [Emphasis added]

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[3] The original Hippocratic Oath obliged a physician to swear not to give anyone poison, "neither will I counsel any man to do so." Many physicians consider the effective referral for PASto be morally objectionable.

[4] *Carter*, at para. 132.

[5] Available at http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD0 Co4-06.pdf.

The Physician's Oath in the Declaration of Geneva[6] provides further examples of the importance of morality and ethics to the practice of medicine:

> I solemnly pledge to consecrate my life to the service of humanity;
>
> I will give to my teachers the respect and gratitude that is their due;
>
> I will practise my profession with conscience and dignity;
>
> The health of my patient will be my first consideration;
>
> I will respect the secrets that are confided in me, even after the patient has died;
>
> I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;
>
> My colleagues will be my sisters and brothers;
>
> I will not permit considerations of age, **disease or disability,**[7] creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient; [Emphasis added]
>
> **I will maintain the utmost respect for human life**; [Emphasis added]
>
> I will not use my medical knowledge to violate human rights and civil liberties, even under threat;
>
> I make these promises solemnly, freely and upon my honour.

The Declaration of Geneva is based on the grave concerns arising from the purely experimental use of medical knowledge and training during the Second World War by Nazi Germany and Imperial Japan, unhinged from guiding values of religion, ethics, and morality.

Courts, physicians and the Canadian Medical Association recognize that you cannot remove morality from medicine. For example, the Ontario Court of Appeal in *Flora* relied on the testimony of Dr. Peter Singer, an Ontario professor of medicine, a bio-ethicist and the Director of the University of Toronto Joint Centre for Bioethics. Dr. Singer had testified at trial that "the appropriateness of a proposed medical treatment for a particular patient is 'not purely a medical concept'. To the contrary, 'a physician's determination about whether treatment is appropriate includes not only medical facts like the projected chance of success but also ethical considerations.'"[8] The Court also noted that "[i]n their evidence before the Board, Mr. Flora's U.K. doctors and Dr. Wall also confirmed that ethical considerations form an essential part of medical decision-making concerning patient selection for a LRLT [a living-related liver transplantation]."[9] In the case before it, the Court found that "the thesis that the appropriateness

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[6] Available at http://www.wma.net/en/30publications/10policies/g1/.
[7] Statement at page 1.
[8] *Flora*, at para. 75.
[9] *Flora*, at para. 75.

of a LRLT turns solely on its medical efficacy brushes aside the centrality of ethical considerations in transplant decision-making."[10]

Government bodies such as the CPSA should promote and encourage the ability of physicians to practise medicine with a clear conscience. Attempting to draw a line in medical practice between the required "clinical" and the optional "moral" (which can be, but need not be, informed by religious beliefs) is misguided if not dangerous. Science can inform physicians as to what dosage of which drug will end the patient's life. Science provides no guidance as to whether killing a patient, or helping a patient commit suicide, is right or wrong, or under what conditions. A physician who is guided only by science, to the exclusion of conscience and ethics would be seen by terminally ill patients and their families as inherently untrustworthy.

In summary, the Justice Centre is concerned that the *Advice* focuses disproportionately on the perceived interests of some patients, to the exclusion of the rights of physicians. We cannot but conclude that it would be improper and indeed illegal to discipline a member based on the existing *Advice*.

The *Charter* protects freedom of conscience and religion for physicians

Foundational principles concerning freedom of religion were laid down by the Supreme Court of Canada in *R. v. Big M Drug Mart Ltd.*[11]:

> A truly free society is one which can accommodate a wide variety of beliefs, diversity of tastes and pursuits, customs and codes of conduct. ... The essence of the concept of freedom of religion is the right to entertain such religious beliefs as a person chooses, the right to declare religious beliefs openly and without fear of hindrance or reprisal, and the right to manifest religious belief by worship and practice or by teaching and dissemination. But the concept means more than that.
>
> Freedom can primarily be characterized by the absence of coercion or constraint. **If a person is compelled by the state or the will of another to a course of action or inaction which he would not otherwise have chosen, he is not acting of his own volition and he cannot be said to be truly free.** ... [C]oercion includes indirect forms of control which determine or limit alternative courses of conduct available to others...
>
> What may appear good and true to a majoritarian religious group, or to the state acting at their behest, may not ... be imposed upon citizens who take a contrary view. The *Charter* safeguards religious minorities from the threat of "the tyranny of the majority".[12] [Emphasis added]

Medicine is one of many public spheres in which an individual can choose to work. The fact that a person provides services to the public, and the fact that some or all of those services are paid for

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[10] *Flora*, at para 76.
[11] *R. v. Big M Drug Mart Ltd.*, [1985] 1 SCR 295.
[12] *Ibid*, at paras. 94-96.

directly or indirectly by government, does not remove *Charter* protection from individuals who serve the public. In particular, a person providing services to the public does not lose her *Charter* section 2(a) freedom of conscience and religion.

The government's duty to accommodate physicians

In the *Advice*, the CPSA makes the extraordinary attempt to override the conscience rights of practitioners through the forced universal participation in the new PAS system. The CPSA disproportionately focuses on the right of a person who wishes to commit suicide, to the exclusion of the beliefs and convictions of those practitioners who will remain alive, and must continue to be able to act with the self-respect that comes from believing one has acted in accordance with her/his conscience. We believe the CPSA should show more concern for the rights of physicians, not to the exclusion of the interests of patients, but to a balancing of rights which is *prima facie* obtainable.

We find the *Advice* disproportionately silent on the legal duty of the CPSA to accommodate physicians, in particular physicians' *Charter*-protected conscience and religious rights. The CPSA must accommodate a wide variety of beliefs, diversity of tastes and pursuits, customs and codes of conduct.[13] The minimizing or disregard of physicians' rights contravenes the provisions of the *Charter*.

Accommodation is required under employment law

Acting in a capacity that is substantively similar to that of an employer, the CPSA and the Alberta government have a legal duty, imposed by the *Charter*, to accommodate the conscientious and religious beliefs of physicians.

Employers must reasonably accommodate their employees to the point of undue hardship. A seminal case on "reasonable accommodation" was *Ont. Human Rights Comm. v. Simpsons-Sears*,[14] where the complainant, Mrs. O'Malley, was a member of the Seventh-day Adventist Church. Simpson-Sears required her to work on Saturdays, contrary to her religious faith, which required her to observe the Saturday Sabbath.

The Court introduced the concept of reasonable accommodation as follows:

> The duty in a case of adverse effect discrimination on the basis of religion or creed is to take reasonable steps to accommodate the complainant, short of undue hardship: in other words, to take such steps as may be reasonable to accommodate without undue interference in the operation of the employer's business and without undue expense to the employer.[15]

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[13] *Big M Drug Mart Ltd.* at 336.
[14] *Ont. Human Rights Comm. v. Simpsons-Sears* [1985] 2 SCR 536 [referred to as "*O'Malley*"].
[15] *O'Malley* at para. 23.

Accommodation is required by the *Charter*

Accommodation is not limited to employment matters, but can be found in *Charter* jurisprudence relating to section 1 of the *Charter*, under which government must justify its violation of rights and freedoms if it wants its law or policy to be upheld. The concept of accommodation will apply even to otherwise valid policies or legislation where there is interference with a *Charter* or human right.

In *Multani v. Commission Scolaire Marguerite- Bourgeoys*, [2006] 1 S.C.R. 256 ("*Multani*"), the Supreme Court found there to be a logical correspondence between the legal principles of the duty to accommodate from employment law, and the minimal impairment test under s. 1 of the *Charter*.[16] The Court described the duty to accommodate as "a duty to make reasonable accommodation for individuals who are adversely affected by a Policy or rule that is neutral on its face, and that this duty extends only to the point at which it causes undue hardship to the party who must perform it."[17]

The Supreme Court of Canada in *Carter*, in finding that the government prohibition on assisted suicide violated patients' *Charter* section 7 rights to life and security of the person in certain circumstances, specifically warned about compelling physicians to participate in assisted suicide:

> In our view, **nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying.** The declaration simply renders the criminal prohibition invalid. What follows is in the hands of the physicians' colleges, Parliament, and the provincial legislatures. However, we note — as did Beetz J. in addressing the topic of physician participation in abortion in *R. v. Morgentaler* — that a physician's decision to participate in assisted dying is a matter of conscience and, in some cases, of religious belief (pp. 95-96).[18] [Emphasis added]

To justify its violation of a *Charter* right or freedom under section 1 of the *Charter*, the government (in this case a government body, the CPSA) must show that its law or policy is a "limit prescribed by law." The *Advice* leaves little question of ambiguity – it is a violation of the *Charter* section 2(a) freedom of conscience and religion.

One can argue that ensuring a patient has access to all legal medical procedures is a sufficiently pressing and substantial objective to justify violating physicians' conscientious and religious rights. However, the fact remains that patients do not have a *Charter* right to obtain from every physician whatever medical service they may desire. Conversely, physicians *do* have a *Charter* right to act on, and be guided by, their moral, ethical or religious beliefs, without this freedom being violated by a government body like the CPSA.

The direct violation of many physicians' *Charter* freedom of conscience and religion outweighs the benefits, if any, that may result from requiring **all** physicians to discuss and refer for life-ending

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[16] *Multani* at paras. 52-53.
[17] *Multani* at para. 53.
[18] *Carter* at para 132.

or other controversial treatments rather than permitting physicians to abstain due to conscience. In the relevant context, i.e. in which controversial medical services are made available for those who desire them, there is no rational connection to support a requirement that **every** doctor be available to perform, or refer for, every health service. In the absence of a national connection between a policy and the policy's goal or objective, the violation of a *Charter* right cannot be justified. The CPSA has not provided an explanation as to why it might be necessary to require **all** physicians to participate actively in PAS.

There is no *Charter* right to health services

The *Charter* places no obligation on the government to provide people with health care, even of a minimum standard.[19] In *Flora*,[20] the Court upheld the validity of a regulation that specifically denied Mr. Flora funding for the life-saving treatment that he needed. Mr. Flora had scraped together $450,000 to save his life through treatment in the United Kingdom. He unsuccessfully sought reimbursement from the Ontario government. The Ontario Court of Appeal rejected the argument that "s. 7 imposes a positive obligation on the state to provide life-saving medical treatments."

If the *Charter* does not require the government to provide even **life-saving** treatments to patients, then the *Charter* certainly does not give patients a right to demand that every physician make herself or himself available to explain or refer for, life-ending or other controversial medical services. We respectfully suggest it might be well for CPSA to consider the foregoing in a redraft of the existing *Advice* and in the upcoming amendments to the *Standards of Practice*.

Conclusion

The *Advice* fails to properly recognize the government's duty to accommodate the moral, ethical and religious beliefs of physicians, which results in the CPSA taking a dismissive approach to physicians' *Charter* rights, and infringing those rights in the name of encouraging access to health services. Further, the *Advice* needlessly creates a conflict between the CPSA and the physicians who daily provide services to the public. This is both unnecessary and illegal in the existing context.

As has been shown, no patient has a legal right to any particular health service, even if ardently desired. Conversely, a physician has *Charter* rights in regards to the provision of services. We submit that the above issues should be addressed in a revision to the *Advice* and the principles

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[19]See *Chaoulli c. Québec (Procureur général)*, 2005 SCC 35 [*Chaoulli*] at para. 104: **"The *Charter* does not confer a freestanding constitutional right to health care"**; [emphasis added] *Gosselin c. Québec (Procureur général)*, 2002 SCC 84 at para. 81: "Nothing in the jurisprudence thus far suggests that s. 7 places a positive obligation on the state to ensure that each person enjoys life, liberty or security of the person. Rather, s. 7 has been interpreted as restricting the state's ability to *deprive* people of these."

[20] *Flora* at paras. 93, 108: "On the law at present, the reach of s. 7 does not extend to the imposition of a positive constitutional obligation on the Ontario government to fund out-of-country medical treatments even where the treatment in question proves to be life-saving in nature."

herein incorporated in the upcoming amendment to the *Standards of Practice* in the summer of 2016.

About the authors

R. Jay Cameron earned a Bachelor of Arts in English from Burman University in Alberta, and an LLB from the University of New Brunswick. After articling at a large national law firm and being called to the bar in 2008, Jay worked for the Attorney General of British Columbia as a provincial Crown Prosecutor for two years. His varied practice included bail hearings, *Charter* Applications, and prosecuting dangerous driving offenses, sexual assaults, and other violent crime. He returned to Alberta and civil litigation in 2012, and has since appeared at every level of Court in Alberta, as well as the British Columbia Supreme Court. In addition to criminal law, Jay's extensive and varied litigation practice has included construction, oil and gas, child protection, real estate, family, insurance, land development, personal injury, defamation and constitutional law (*Boissoin v. Lund*, Alberta Court of Queen's Bench, 2009; freedom of expression). Jay joined the JCCF as a staff lawyer in 2015, working on all of the JCCF's litigation files.

John Carpay was born in the Netherlands, and grew up in British Columbia. He earned his B.A. in Political Science at Laval University in Quebec City, and his LL.B. from the University of Calgary. Fluent in English, French, and Dutch, John served the Canadian Taxpayers Federation as Alberta Director from 2001 to 2005, advocating for lower taxes, less waste, and accountable government. Called to the Bar in 1999, he has been an advocate for freedom and the rule of law in constitutional cases across Canada. As the founder and president of the Justice Centre for Constitutional Freedoms (JCCF), John has devoted his legal career to defending constitutional freedoms through litigation and education. He considers it a privilege to advocate for courageous and principled clients who take great risks – and make tremendous personal sacrifices – by resisting the unjust demands of intolerant government authorities. In 2010, John received the *Pyramid Award for Ideas and Public Policy* in recognition of his work in constitutional advocacy, and his success in building up and managing a non-profit organization to defend citizens' freedoms. He serves on the Board of Advisors of iJustice, an initiative of the Centre for Civil Society, India.

About the Justice Centre

"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

The free and democratic society which the Canadian Charter of Rights and Freedoms holds out as our ideal can only be fulfilled by honouring and preserving Canada's rich and strong traditions of freedom of speech, freedom of religion, freedom of association, private property rights, constitutionally limited government, the equality of all citizens before the law, and the rule of law. And yet these core principles of freedom and equality continue to be eroded by governments and by government-funded and government-created entities such as universities and human rights commissions.

The Justice Centre for Constitutional Freedoms (JCCF) was founded for the purpose of advancing and promoting the core principles of freedom and equality through education and litigation. The JCCF is a registered charity (charitable registration number 817174865-RR0001) and issues official tax receipts to donors for donations of $50 or more. The JCCF is funded entirely by the voluntary donations of freedom-minded Canadians who agree with the Centre's goals, mission, vision and activities. The Centre is independent and non-partisan, and receives no funding from any government or government organization. The JCCF provides pro bono legal representation to Canadians whose constitutional freedoms are threatened by government or its agents.

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