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Assisted suicide: Parliament must let doctors practice with a clear conscience

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Since the Supreme Court legalized physician-assisted dying last year, some have argued that physicians should be required to help patients kill themselves, even if this violates their Charter-protected conscience freedoms.

As Parliament creates new legislation to respond to this court ruling, some insist that doctors must simply provide whatever a patient may want, or else refer the patient to another doctor who will. This claim trivializes the freedom of conscience of all Canadians, and the role of ethics and morality in medicine.

For more than 2,000 years, physicians have been guided by ethics and morality, not science alone, through the foundational principles embodied in the Hippocratic Oath and its modern incarnations.

In deciding what is best for their patients, doctors are not mindless dispensaries for medication. Science can inform us about what quantity of which drug is required to end a patient's life, but science cannot tell us whether it is right to end a patient's life

through assisted suicide or other means of deliberate death.

Physicians routinely refuse to provide – and offer referrals for – drugs and procedures that the physician considers contrary to a patient's best interest. From the patient's standpoint, this produces inconvenience and possibly hardship. But the patient is not prevented from finding another doctor, whereas the doctor cannot go and find another conscience. She has only her own.

To refer for something is to participate actively. If a man asks me to sell him a gun to rob a convenience store, and I respond by refusing to sell the gun, but nevertheless provide him with the name and contact information of someone who will, I am complicit in the resulting robbery. This is why the provincial Colleges of Physicians and Surgeons, when they prohibit a doctor from performing female "circumcision" (genital mutilation), they also prohibit doctors from referring for that service.

Opponents of conscience protection denounce the prospect of a patient having to face a delay because her physician could not, in good conscience,

provide a referral to another physician. Yet thousands of Canadians suffer in pain while waiting for months (and sometimes years) for medically necessary diagnosis and surgery. The law prevents these suffering patients from accessing private treatment outside of the government's monopoly over health care.

With the exceptions of Canada, Cuba and North Korea, every other country in the world gives patients the right to choose between private and government-run health care. France, Japan and Australia are among the dozens of countries where patients count their wait times in days and weeks, not in months and years as Canadian patients do. If our goal is truly to get rid of delays in accessing medical services, then legalizing private health insurance would do far more than attacking the conscience rights of physicians, nurses, pharmacists and other health-care providers.

To protect the integrity of the medical profession, Parliament, as well as the provincial Colleges of Physicians, should promote and encourage the ability of physicians to practise medicine knowing that their freedom of conscience is being respected.

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