



# The College of Physicians and Surgeons of Prince Edward Island

14 Paramount Dr.

Charlottetown, PE C1E 0C7

Phone: 902-566-3861 Fax: 902-566-3986

Website: [www.cpspei.ca](http://www.cpspei.ca)

## Policy on Conscientious Objection to Provision of Service

The “*Policy on Conscientious Objection to Provision of Service*” has been developed by the College of Physicians and Surgeons of Prince Edward Island (the College) as a guidance document for physicians as to how to balance the ethical dilemmas that occur when one’s beliefs and ethics as a practicing physician conflict with the ethical beliefs of one’s patients. Communication is clearly vital in this situation.

*Relevant excerpts from the...*

### **CMA Code of Ethics and Professionalism (2018)**

*Fundamental Commitments of the Medical Profession:*

- \*Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.
- \*Always treat the patient with dignity and respect the equal and intrinsic worth of all persons.
- \*Always respect the autonomy of the patient.
- \*Value and foster individual and collective inquiry and reflection to further medical science and to facilitate ethical decision-making.
- \*Foster curiosity and exploration to further your personal and professional development and insight; be open to new knowledge, technologies, ways of practising, and learning from others.

*Professional responsibilities:*

1. Accept the patient without discrimination (such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status). This does not abrogate the right of the physician to refuse to accept a patient for legitimate reasons.
2. Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.
3. Act according to your conscience and respect differences of conscience among your colleagues; however, meet your duty of non-abandonment to the patient by always acknowledging and responding to the patient’s medical concerns and requests whatever your moral commitments may be.
4. Inform the patient when your moral commitments may influence your recommendation concerning provision of, or practice of any medical procedure or intervention as it pertains to the patient’s needs or requests.
5. Communicate information accurately and honestly with the patient in a manner that the patient understands and can apply, and confirm the patient’s understanding.
6. Recommend evidence-informed treatment options; recognize that inappropriate use or overuse of treatments or resources can lead to ineffective, and at times harmful, patient care and seek to avoid or mitigate this.
11. Empower the patient to make informed decisions regarding their health by communicating with and helping the patient (or, where appropriate, their substitute decision-maker) navigate reasonable therapeutic options to determine the best course of action consistent with their goals of care; communicate with and help the patient assess material risks and benefits before consenting to any treatment or intervention.
8. Provide whatever appropriate assistance you can to any person who needs emergency medical care.
12. Respect the decisions of the competent patient to accept or reject any recommended assessment, treatment, or plan of care.
13. Recognize the need to balance the developing competency of minors and the role of families and caregivers in medical decision-making for minors, while respecting a mature minor’s right to consent to treatment and manage their personal health information.
14. Accommodate a patient with cognitive impairments to participate, as much as possible, in decisions that affect them; in such cases, acknowledge and support the positive roles of families and caregivers in medical decision-making and collaborate with them, where authorized by the patient’s substitute decision-maker, in discerning and making decisions

about the patient's goals of care and best interests.

15. Respect the values and intentions of a patient deemed incompetent as they were expressed previously through advance care planning discussions when competent, or via a substitute decision-maker.

16. When the specific intentions of an incompetent patient are unknown and in the absence of a formal mechanism for making treatment decisions, act consistently with the patient's discernable values and goals of care or, if these are unknown, act in the patient's best interests.

17. Respect the patient's reasonable request for a second opinion from a recognized medical expert.

19. Provide the patient or a third party with a copy of their medical record upon the patient's request, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others

22. Recognize that conflicts of interest may arise as a result of competing roles (such as financial, clinical, research, organizational, administrative, or leadership).

24. Avoid, minimize, or manage and always disclose conflicts of interest that arise, or are perceived to arise, as a result of any professional relationships or transactions in practice, education, and research; avoid using your role as a physician to promote services (except your own) or products to the patient or public for commercial gain outside of your treatment role.

29. Seek help from colleagues and appropriate medical care from qualified professionals for personal and professional problems that might adversely affect your health and your services to patients. 33. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.

34. Assume responsibility for your personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture.

36. Support interdisciplinary team-based practices; foster team collaboration and a shared accountability for patient care.

## **Moral or Religious Beliefs Affecting Medical Care**

1. A physician must communicate clearly and promptly about any treatments or procedures the physician chooses not to provide because of his or her moral or religious beliefs.
2. A physician must not withhold information about the existence of a procedure or treatment because providing that procedure or giving advice about it conflicts with their moral or religious beliefs.
3. A physician must not promote their own moral or religious beliefs when interacting with patients.
4. When moral or religious beliefs prevent a physician from providing or offering access to information about a legally available medical or surgical treatment or service, that physician should ensure that the patient who seeks such advice or medical care is offered timely access to another physician or resource that will provide accurate information about all available medical options.

While physicians may make a personal choice not to provide a treatment or procedure based on their values and beliefs, the College expects them to provide patients with enough information and assistance to allow them to make informed choices for themselves. This includes advising patients that other physicians may be available to see them, or suggesting that the patient visit an alternate health-care provider. Where needed, physicians must offer assistance and must not abandon the patient.

### References:

CMA Code of Ethics and Professionalism, 2018

Good Medical Practice, General Medical Council, United Kingdom

Savulescu, Julian, dir., Oxford Uehiro Centre for Practical Ethics, University of Oxford, BMJ 2006, 332:294

Standards of Practice, Conscientious Objection, CPSA 2010

Access to Medical Care, Professional Standards and Guidelines, CPS of Saskatchewan

Policy Statement #2-15, Professional Obligations and Human Rights, CPS of Ontario