



The College of Physicians and Surgeons of Prince Edward Island

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Policy

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 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 2004

(Adopted by Council 2005)

11. Recognize and disclose conflicts of interest that arise in the course of your professional duties and activities, and resolve them in the best interest of patients.
12. Inform your patient when your personal values would influence the recommendation or practice of any medical procedure that the patient needs or wants.
15. Recognize your limitations and, when indicated, recommend or seek additional opinions and services.
18. Provide whatever appropriate assistance you can to any person with an urgent need for medical care.
19. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given reasonable notice that you intend to terminate the relationship.
21. Provide your patients with the information they need to make informed decisions about their medical care, and answer their questions to the best of your ability.
22. Make every reasonable effort to communicate with your patients in such a way that information exchanged is understood.
23. Recommend only those diagnostic and therapeutic services that you consider to be beneficial to your patient or to others. If a service is recommended for the benefit of others, as for example in matters of public health, inform your patient of this fact and proceed only with explicit informed consent or where required by law.
24. Respect the right of a competent patient to accept or reject any medical care recommended.
25. Recognize the need to balance the developing competency of minors and the role of families in medical decision-making. Respect the autonomy of those minors who are authorized to consent to treatment.
26. Respect your patient's reasonable request for a second opinion from a physician of the patient's choice.
27. Ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment.
28. Respect the intentions of an incompetent patient as they were expressed (e.g., through a valid advance directive or proxy designation) before the patient became incompetent.
29. When the intentions of an incompetent patient are unknown and when no formal mechanism for making treatment decisions is in place, render such treatment as you believe to be in accordance with the patient's values or, if these are unknown, the patient's best interests.
30. Be considerate of the patient's family and significant others and cooperate with them in the patient's interest

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.¹

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.²

Bibliography

CMA Code of Ethics 2004
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, CPS of Alberta
Access to Medical Care, Professional Standards and Guidelines, CPS of Saskatchewan
Policy Statement #2-15, Professional Obligations and Human Rights, CPS of Ontario

¹ Standards of Practice, CPS of Alberta

² Access to Medical Care, Professional Standards and Guidelines, CPS of Saskatchewan