Just published!

The deVeber Institute is excited to announce the much anticipated arrival of the revised edition of Complications: Abortion's Impact on Women, Revised Edition

"The first edition of Complications was well received internationally. Since its appearance five years ago much new research has been published in the fields of breast cancer and its link to induced abortion, the impact of induced abortion on global maternal and infant mortality, and the impact of induced abortion on subsequent pregnancies and fertility. We have incorporated the findings of this new research into the second edition."

- Dr. Ian Gentles, Researcher and Co-Author of Complications: Abortion’s Impact on Women

Copies will also be available by contacting the Institute by phone, email, fax, or mail

Please note our mailing address and fax information has changed:

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I. Background

Two and a half years ago, the Parliament of Canada legalized medical assistance in dying (MAiD) (an umbrella term for euthanasia and physician-assisted suicide). Since that time, and since Quebec’s assisted dying law came into force, 3,714 Canadians have died by MAiD [1].

The legalization of MAiD by the federal government has opened a Pandora’s box of complex legal and ethical issues related to patient care, vulnerable populations, the impact on medical professionals and institutions, and the future state of health care in general. Many such issues have surfaced at the provincial level where legislative authorities regulate medical professionals and the delivery of health care.

Earlier this year, in a case called Christina Holmquist, DeVeber Associate of Naturopathic Medicine in 2020.

Christina is currently studying to complete the Doctor of

PHD, BOWLING GREEN UNIVERSITY

We should be encouraging doctors to take responsibility for their medical decisions and referrals, not to outsource their conscience and beliefs to others. A government/institution does not have a moral right to prevent someone from following their conscience. It is an interference in the right of the individual to follow their conscience, whether or not the decision taken diverges from the government’s or its policies. A government/institution does not have a moral right to prevent someone from following their conscience.

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There is a need for meaningful reform in healthcare delivery. The current system is unable to accommodate the rights of religious and moral minorities. The healthcare system is in need of a fundamental overhaul. The court seems to think that infringing the constitutional rights of physicians would be the guaranteed end result in all transfers of care. The objective in question in this case was not being met in a real and substantial manner. It is important to note that the test of minimal impairment is whether there is an alternative, less dramatic means of achieving the objective in a real and substantial manner. The Court’s reasoning for rejecting this model was based on a belief that it would place an undue burden on patients, especially vulnerable patients who may not have the knowledge or ability to find a non-objecting provider independently. However, on May 29, 2018, the Province of Ontario established a publicly accessible coordination service that can connect patients with non-objecting providers. With the coordination service in place, the patient would not incur any additional responsibility for finding a non-objecting provider. The coordination service makes the effective referral provision obsolete.

II. First alternative rejected: the 'self-referral' model

In this case, the Court rejected a ‘self-referral’ model that would have left the responsibility of finding a non-objecting provider to the patient. The Court’s reasoning for rejecting this model was based on a belief that it would place an undue burden on patients, especially vulnerable patients who may not have the knowledge or ability to find a non-objecting provider independently. However, on May 29, 2018, the Province of Ontario established a publicly accessible coordination service that can connect patients with non-objecting providers. With the coordination service in place, the patient would not incur any additional responsibility for finding a non-objecting provider. The coordination service makes the effective referral provision obsolete.

III. Other alternative rejected: the ‘full transfer of care’ model

Perhaps more concerning, however, was the Court’s rejection of a ‘full transfer of care’ model. Under this model, the objecting physician would first establish a publically accessible coordination service that can connect patients with non-objecting providers. With the coordination service in place, the patient would not incur any additional responsibility for finding a non-objecting provider. The coordination service makes the effective referral provision obsolete.

IV. The effective referral provision is a Hobson’s choice

Unlike the ‘self-referral’ and the ‘full transfer of care’ models, the effective referral provision restricts physicians to refer for the very course of action that they morally object. A choice between having to provide a morally contentious intervention directly and having to find another provider to do it is in a Hobson’s choice. In other words, it is a choice by name only—a choice in which only one thing is offered. It is an imposition, not an accommodation.

V. What you need to know about future litigation

This decision will be brought before the Ontario Court of Appeal sometime in 2019. Whatever the outcome of the case, it should be determined with utmost respect between the parties involved, a genuine appreciation of the values at stake, a greater regard of the relevant facts, and according to other principles of fundamental justice. Other provinces have successfully reconciled health care access with the freedoms of conscience and religion of physicians. Ontario should follow suit.