



No ‘duty to refer’ for abortion

CMAJ guest editorial sparks controversy; CMA clarifies abortion policy

by Barbara McAdorey

On May 5, 2007, “THE a WORD” blared across the front page of the National Post, along with the subtitle, “How did abortion, that most contentious of issues, become one that is simply not discussed publicly?”

National Post reporter Anne Marie Owens described how debating abortion in this country is “virtually unimaginable,” and expressed surprise at the recent “free-flowing discussion” on abortion within the pages of the *Canadian Medical Association Journal* ever since this controversial topic was raised in a guest editorial last year. “The flood of letters from people on both sides that followed...was so vociferous that it prompted

the journal to publish in its latest issue a clarification of its policy on abortion and a call for a halt to the letter-writing,” Ms. Owens reported.

CMAJ guest editorial sparks controversy

What prompted this “vociferous” debate in a Canadian medical journal – while mainstream media mostly avoids this controversial subject – was the publication on July 4, 2006 of law professors Sanda Rodgers’ and Jocelyn Downie’s guest editorial “Abortion: Ensuring Access” in which the authors made the misleading claim that “Health care professionals who....fail to provide appropriate [abortion] referrals...are committing

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3D ultrasound image taken June 5, 2007 at 6 months gestation. She is the granddaughter of Mark Pickup, founder of HumanLifeMatters. She is due in August.

CBC asks Canadian Physicians for Life to comment on

Canadians’ #1 Wish: “An end to abortion”

CBC and Facebook (a social networking website) launched The Great Canadian Wish List contest on May 28 to encourage Canadians to speak out about their hopes for Canada. Dave Gilbert’s wish for “an end to abortion in Canada” received the most support when the contest closed on July 1. CBC asked Canadian Physicians for Life to contribute an editorial to the discussion. An edited version of the following article is posted on CBC’s website at www.cbc.ca/wish/2007/06/editorial_1.html

The Paradox of Abortion

by Canadian Physicians for Life Editorial Board

In Canada, an unborn child’s only real protection is found in the heart of her mother. A wish to abolish abortion is, in the end, di-

rected at the heart of every woman who is surprised by motherhood. She is suddenly confronted by another life, someone else’s life, as surely as if a baby was left on her doorstep with a note: “Please look after me.”

(Continued on page 2...ending abortion)

Vital Signs is published by Canadian Physicians for Life, a registered charitable organization.

Canadian Physicians for Life holds that reverence for every human life lies at the root of all medical tradition. Through the ages, this tradition has been expressed in the Oath of Hippocrates. It was rephrased in modern times in the Declaration of Geneva, which says in part, "I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity." We affirm this declaration.

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At this point, she has only two paths before her – to continue to be the mother of a live baby or to become the mother of a dead baby. Women know this, and need not be patronized by glib phrases like "it's only tissue," or "it's just a part of your body, like your appendix."

Two women step into an elevator, both 14 weeks pregnant. One is headed up for an ultrasound at the prenatal clinic, the first "baby picture" of her healthy child in the womb. The other woman gets off at the day surgery floor to prepare for her operation that morning. Her baby is doomed.

Everyone of good will on both sides of the abortion debate knows that abortion is a difficult decision. But it is not difficult like a decision about whether to undergo experimental chemotherapy is difficult. It is difficult because it violates our intrinsic taboos about killing. We are all harmed when we violate this prohibition. Women are harmed. The unborn child dies. Doctors, nurses, and abortion counselors are damaged. Society is brutalized.

We are told "abortion is a matter between a woman and her doctor" – but what does the doctor have to do with it? The doctor won't have to live with the higher risk of future premature deliveries, or infertility, or chronic pelvic infections, or future dangerous tubal pregnancies, or breast cancer. Will the doctor be there to dry this woman's tears when the anniversary of the day she lost her baby draws near? The commonest cited "medical" reason for abortion is to relieve stress and depression, yet recent record linkage studies on three continents reveal that abortion is linked to greatly increased risks of depression, self-harm, and suicide.

Women who have submitted to an abortion suffer in silence. They take their antidepressants and their alcohol. They turn on the TV and hear abortion activists deride the idea of post-abortion grief. They are told that nothing significant has happened to them, just a "necessary medical service." And if they feel bad for some reason, well it was their "choice," was it not?

They may have time to reflect on the paradoxes of a society that allows unrestrained abortion: how a 24-week-old preemie in the neonatal ICU has all the power of Canadian law behind him, while a fetus still in the womb at 40 weeks – a full 4 months older – has no rights at all; how we treat animals more compassionately than we do a fetus suffering unimaginable pain in a late second trimester abortion, when the pain system is up and running; how the phrase "unwanted pregnancy" is rendered so meaningless when one considers the option of adoption, since the lineup of loving parents willing to adopt – especially a healthy newborn – would stretch out the door and around the block.

Mass abortion is the price Canadian women are led to believe they must pay in order to have equality with men. Women are told they must forget who they are and submit their social problems to a typical male solution: mechanistic, controlling, destructive. A society that has lost respect for a woman's biological giftedness and surrendered its abhorrence of killing leaves a distressed pregnant woman with little protection to offer her unborn child. She is vulnerable to making a destructive choice. And the downward spiral continues.

There's got to be a better way. ♦

Canadian Physicians for Life

Canadian Physicians for Life's 2007 Annual General Meeting

Thursday, Nov. 29, 7:30 p.m.

Four Points Sheraton Toronto Airport Hotel

Room – to be announced

Please RSVP: info@physiciansforlife.ca; or
Phone/Fax: 613-728-5433

Baby Steps to a Brave New World

by Will Johnston, MD



Canadian Physicians for Life president Dr. Will Johnston issued the following statement in response to the new guideline released in February by the Society of Obstetricians and Gynaecologists of Canada, recommending that all pregnant women be offered prenatal genetic testing. (See the SOGC guideline at: http://www.sogc.org/media/pdf/advisories/JOGC-feb_07-CPG.pdf)

(OTTAWA – Feb. 14, 2007) You shouldn't have to believe that surgical abortion is politely hidden barbarism, our last acceptable form of capital punishment, to question the new push for prenatal screening launched last week by the Society of Obstetricians and Gynaecologists of Canada. The SOGC claims, in effect, that those who challenge the detect and destroy process for Down syndrome children want "the right to withhold this [prenatal] information from the women in their care."¹

Wrong. The problem is not the information but the moral vacuum chamber in which the new screening techniques are devised and promoted. We are going far beyond simply giving parents a helpful preview of their child in a value-neutral context. When Down syndrome fetuses are found, 80% are aborted.² Because there is a system in place actually doing this, the public mind is continually posed an insidious question – Are some lives best seen as avoidable errors?

It is this inhuman attitude, and not the sharing of information with parents, which some of us lament. In Canada, the SOGC is the most respected and persuasive voice shaping our behaviour towards unborn handicapped children. The track record, it must be said, is worrisome. Even a healthy fetus, if unwanted, has no official friends at the

SOGC. For the Down syndrome fetus, the SOGC proposes more powerful scrutiny – like Sauron's eye peering out of Mordor – to expose it before it gets too far along the road to birth.

To cull defective children, ancient cultures used the quality control technology nearest to hand, generally some variation on a pile of rocks outside the city wall. True to the same spirit but better equipped, the SOGC promotes various "choices"- maternal blood tests and ultrasound to guess at the baby's faults before moving in with the amniocentesis needle and perhaps finishing off with an abortion.

Replacing unconditional love with an intolerance for imperfections is one harmful side effect of this new eugenics. One recent study showed that maternal-fetal bonding may be weakened by participating in the blood tests which the SOGC is advertising.³ Further, amniocentesis causes even healthy babies to be lost, as many as 22 a year in BC recently.⁴ And even hardened participants in the abortion-on-demand system are given pause by late-term abortions for minor flaws like cleft palate, as has happened within my own medical community.⁵

"Replacing unconditional love with an intolerance for imperfections is one harmful side effect of this new eugenics."

- Dr. Will Johnston

The progress of eugenic abortion into the heart of our society is a classic example of "mission creep." In the 1960's, we were told that legal abortion would be a rare tragic act in cases of exceptional hardship. In the 70's abortion began to be both decried and accepted as birth control. In the 80's respected geneticists pointed out that it was cheaper to hunt for and abort Down's babies than to raise them. By the 90's that observation had been widely put into action. Now we are refining and extending our eugenic vision, with new tests and abortion as our

central tools.

Yet there are ways to reduce the proportion of children born with Down syndrome by a more civilized approach than finding them and killing them before birth. The SOGC could begin by educating Canadians about the optimum age for childbearing – closer to 24 than the current average of almost 30 years old.⁶ We could push for constructive changes in the workplace and in higher education so that young families could better participate. We all agree that making babies with younger eggs in younger moms means less Down syndrome and brings other health benefits.

There is no logical end to the consumerism and utilitarianism which puts unborn children on a potentially lethal probation. Human nature allows no limit to our aspirations for our children, yet because of the screening mentality there will be no limit to our dissatisfactions with them either. Once the last Down syndrome child is gone, we will find a new focus for our anxieties. Without a profound change of heart, it is foreseeable that this whole project will end badly. ♦

Dr. Johnston is the president of Canadian Physicians for Life.

References:

1. SOGC Media release Jan 17, 2007 found at <http://www.sogc.org/home/pdf/sogc-statement-on-access-to-genetic-screening.pdf>
2. Presentation by BCRCP (British Columbia Reproductive Care Program) staff at BC Women's Hospital 2005.
3. Lawson KL, Turriff-Jonasson SI. "Maternal serum screening and psychosocial attachment to pregnancy," J Psychosom Res. 2006 Apr;60(4):371-8. PMID: 16581361 [PubMed - indexed for MEDLINE]
4. BCRCP staff at 2005 presentation.
5. Personal communication with nurses at BC Women's Hospital.
6. <http://www.statcan.ca/Daily/English/060731/d060731b.htm>

(CMA abortion policy...cont'd from page 1) malpractice and risk lawsuits and disciplinary proceedings.¹ Additionally, they misrepresented the reasons the Supreme Court struck down the abortion law in the 1988 Morgentaler decision (*see related article* “No ‘right to abortion’ in Canada” on page 5).

Rodgers and Downie stood by their misleading claims in a follow-up letter which was published in the CMAJ on Feb. 13, 2007. In reference to CMA’s policy on induced abortion, they claimed that “No physician is under an obligation to recommend or to perform an abortion, but all physicians are under an obligation to refer.” [emphasis added.]

CMA clarifies abortion policy

Dr. Jeff Blackmer, Executive Director of CMA’s Office of Ethics, corrected this misinterpretation of CMA policy in a letter posted on the CMAJ website, saying that CMA’s position on abortion “has been misrepresented in a CMAJ editorial, and a subsequent letter to the editor by authors Rodgers and Downie. ... The policy does not state, as the authors claim, that ‘all physicians are under an obligation to refer.’”²

A second letter by Dr. Blackmer was published in the print version of the Journal on April 24, 2007.³ In this second letter, Dr. Blackmer first reiterated CMA’s existing policy which explicitly states that “a physician whose moral

or religious beliefs prevent him or her from recommending or performing an abortion should inform the patient of this so that she may consult another physician.” Dr. Blackmer went on to clarify this with respect to referral by saying that “*You should also indicate that because of your moral beliefs, you will not initiate a referral to another physician who is willing to provide this service (unless there is an emergency).*” However, Dr. Blackmer added, “*At the patient’s request, you should also indicate alternative sources where she might obtain a referral.*”

“Duty to refer for a referral” would also violate freedom of conscience

This latter statement by Dr. Blackmer has raised some concerns amongst conscientious objectors since it could be interpreted as a requirement to “refer for a referral.” However, Dr. Will Johnston, a Vancouver family physician and president of Canadian Physicians for Life, believes it requires only that a pro-life physician let the patient know that other physicians may be able to provide a referral, without explicitly naming any particular physician or clinic. As such, he believes the following response to a woman’s request for abortion would satisfy Dr. Blackmer’s latter statement:

“As you know, you could go to almost any other doctor in this city and it would be their shortest patient visit of the day—they would send you straight to an abortion clinic. So the issue is not what could you do, the issue is how to decide what is best for you and your baby.”

Dr. Johnston notified Dr. Blackmer by email on May 23 that Canadian Physicians for Life (CPL) intended to interpret the ambiguous statement in this manner, adding that CPL would “assume that this is an acceptable interpretation of your clarification of the CMA policy unless we hear from you to the contrary.” Dr. Blackmer responded by saying that he would let his “previous statements on this matter stand for themselves” which CPL has interpreted to mean that CMA supports Canadian Physicians for Life’s

understanding of CMA’s abortion policy. In a June 7 email, Dr. Johnston thanked Dr. Blackmer “for issuing a statement that supports our position of freedom of conscience from participating in abortion, including the referral process.”

National Abortion Federation lobbies CMA to change abortion referral policy

Canadian Physicians for Life’s optimism at CMA’s support for conscientious objection to abortion referral is tempered somewhat by concerns that CMA could weaken its support for freedom of conscience if there is a “groundswell” of opposition from abortion activists. According to the May 5 National Post report, “Dr. Blackmer suggests there are only a few things that would force a re-evaluation of the policy: a huge groundswell from the membership one way or another, a legislative review of the issue by the government, or a significant decrease in access to abortions.”

Within four days of Dr. Blackmer’s comments being reported in the National Post, the US based National Abortion Federation (NAF), representing American and Canadian abortion providers, sent a letter to the CMA claiming that CMA’s “policy of allowing physicians to refuse to refer patients for abortion services is a violation of CMA’s own Code of Ethics,” and calling upon CMA to change its abortion referral policy. “A physician’s religious and moral beliefs should not jeopardize a patient’s access to needed care,” said NAF president and CEO Vicki Saporta in a letter to CMA on May 9.

The next day the National Post reported that CMA President Dr. Colin McMillan responded to NAF in a written statement: “*The CMA’s policy on induced abortion does not violate our Code of Ethics ... Nor does it treat women unfairly or impede their access to critical health care.*”⁴

“Now is not the time for us to be weakening the conscience protection for

(Continued on page 6...CMA abortion policy)

“[CMA’s] position [on abortion] has recently been misrepresented in a CMAJ editorial, and a subsequent letter to the editor by authors Rodgers and Downie. ... The policy does not state, as the authors claim in their letter, that ‘all physicians are under an obligation to refer.’”

- Dr. Jeff Blackmer, Executive Director, Office of Ethics, CMA

Comment

No 'right to abortion' in Canada

by Barbara McAorey



It is a common misconception that the Supreme Court of Canada recognized a 'right to abortion' when it struck down the abortion law in the 1988 *Morgentaler* decision – a misconception repeated in a CMAJ guest editorial by two professors of law, Sanda Rodgers and Jocelyn Downie, when they wrote, "In 1988, in *Morgentaler*, the Supreme Court of Canada recognized that a woman's right to continue or to terminate a pregnancy is protected by the Canadian Charter of Rights and Freedoms and struck down the law."¹

But as the Library of Parliament points out, "The court was not asked whether or not the Charter recognizes a constitutional right to abortion and therefore has not rendered an opinion on this specific question."²

Justice Bertha Wilson was the only one of seven Justices who was of the opinion that a woman's right to abortion (in the early stages of pregnancy only) is protected by the Charter right to liberty. This was *not* the majority view. The Supreme Court struck down the abortion law because, essentially, it found that the procedures required by that *particular* law violated a woman's right to security of the person in "limiting, by criminal law, her effective and timely access to medical services when her life or health was endangered."³

The abortion law (an amendment to the Criminal Code in 1969) that was being challenged by Henry Morgentaler and other doctors in 1988 prohibited a woman from obtaining an abortion unless a therapeutic abortion committee (panel of at least three doctors) certified in writing that the "continuation of the pregnancy of the female person would or would be likely to endanger her life or health."⁴ Such committees did not

exist at all hospitals across the country and the procedures laid out in the Criminal Code could cause extensive delays, so not all women had access to the required certificates in a timely fashion. The Court felt that if a woman whose life or health was endangered by the pregnancy was unable to obtain timely access to such a certificate – which provided a valid defence to a criminal charge – her Charter 7 right to "security of the person" was threatened. The Court felt that this criminalization was not "in accordance with the principles of fundamental justice" as required by Section 7 of the Charter.⁵ This is why the Court struck down the abortion law – not because the Court recognized a "right to terminate a pregnancy" as implied by Rodgers and Downie.

"The court was not asked whether or not the Charter recognizes a constitutional right to abortion and therefore has not rendered an opinion on this specific question."

- Library of Parliament

All seven Justices agreed that protection of the fetus was a valid governmental objective and said it was up to Parliament, not the courts, to create a new abortion law that did not have the problems the 1969 law had.

Chief Justice Dickson said, "Like Beetz and Wilson JJ, I agree that protection of foetal interests by Parliament is also a valid governmental objective. It follows that balancing these interests, with the lives and health of women a major factor, is clearly an important governmental objective."⁶

Justice Beetz said, "I am of the view that the protection of the foetus is and, as the Court of Appeal observed, always has been, a valid objective in Canadian criminal law."⁷

The effect of the Court's striking down of the abortion law was the removal of any and all criminal prohibitions against abortion. Since 1988, abortion has been legally permitted for the entire nine months of pregnancy, for any reason.

The annual number of abortions has risen to over 100,000 in recent years, with a ratio of approximately 30 abortions for every 100 live births.⁸

But just because an act is not prohibited by law does not mean one has a constitutional right to commit that act. No 'right to abortion' is mentioned in the Canadian Charter of Rights and Freedoms and the Supreme Court has not "read in" to the Charter such a right. Nevertheless, abortion advocates have claimed ever since the 1988 ruling that a 'right to abortion' exists in Canada and that physicians who refuse to perform or refer for abortions are violating women's constitutional rights.

Freedom of conscience and religion, on the other hand, are protected under section 2 (a) of the Charter.

It behooves us all – especially physicians who may be faced with requests for this controversial procedure – to have a correct understanding of abortion and the law so that we are not misled when the law is misrepresented in medical journals or anywhere else. ♦

References:

1. "Abortion: Ensuring Access," Sanda Rodgers and Jocelyn Downie, CMAJ, July 4, 2006.
2. "Various questions on the *Morgentaler* decision of the Supreme Court of Canada," Parliamentary Information and Research Service, Library of Parliament, February 27, 2007, p. 1.
3. "Abortion: Constitutional and Legal Developments," Mollie Dunsmuir, Law and Government Division, Depository Services Program, Reviewed August 18, 1998; <http://dsp-psd.communication.gc.ca/Collection-R/LoPBdP/CIR/8910-e.htm#E.%20The%20Charter>
4. Criminal Code, Section 287(4)(c)
5. Section 7 of the Charter states: "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice."
6. *R. v. Morgentaler*, [1988] 1 S.C.R. 30, 1988 CanLII 90 (S.C.C.) at page 75.
7. *Ibid.* at page 124.
8. In 1987 there were 70,023 abortions and 18.9 abortions per 100 live births; in 2004 there were 100,039 abortions and 29.7 abortions per 100 live births. Source: Statistics Canada.

Questioning Embryonic Stem Cell Research

by Paul Ranalli, MD, FRCPC



Dr. Ranalli sent the following letter to the Hamilton Spectator in response to misleading claims made by the dean of Michael G. DeGroot School of Medicine at McMaster University, Dr. John G. Kelton, in a July 19 article about embryonic stem cell research, entitled, "Stem cell research doesn't cost life." Controversy was sparked after McMaster University announced Hamilton businessman David Braley's \$50-million gift to the Michael G. DeGroot School of Medicine, \$15 million of which will be "dedicated to enhancing human embryonic stem cell research through a stem cell library," McMaster Daily News reported on June, 27, 2007.

Dr. John Kelton describes his attempt to defend embryonic stem cell research as a "factual clarification." It is therefore disappointing to see him employ the bait-and-switch tactic common to this argument. That is, he tries to cloak the ethically-suspect – and so far futile – research on embryos with the

respectability earned by *adult* source stem cells, which have been an undeniable and evolving success.

When Dr. Kelton takes justifiable pride in his "personal experience of the benefit to my patients" he is, of course, speaking of the established triumph of adult stem cells, including the now-standard use of adult stem cells contained in bone marrow transplants. Everyone supports adult stem cell research.

"Scientific progress has rewarded humankind, time and again, with ethically honourable therapeutic breakthroughs that obviate the need to compromise our morality in the short term."

- Dr. Paul Ranalli

On the other hand, there is simply no basis for his claim that "embryonic stem cells have a much greater potential for cure." We have been waiting on this promised "potential" for years now, with little to show for it. Meanwhile, adult stem cells have steamed ahead to achieve published success in over 70 diseases to date.

How many published successes in hu-

man application are there for embryonic stem cells? Exactly zero. Furthermore, there is as yet no answer to the frightening tendency of embryonic cells to turn into malignant tumours.

An ethical defence from Dr. Kelton is also found wanting, as a reader could easily be misled by his claim that "no viable human life is destroyed." In fact, a healthy embryo, allowed to implant in a mother's womb, is quite viable. It is the researcher's destruction of the embryo – to strip-mine its stem cells – that renders it non-viable.

Scientific progress has rewarded humankind, time and again, with ethically honourable therapeutic breakthroughs that obviate the need to compromise our morality in the short term. With adult stem cells, no patience is required, as the successes are real, and their further refinement by ongoing research is far more worthy of the visionary funding gifts provided by Michael deGroot and David Braley. ♦

Paul Ranalli, MD FRCPC, Lecturer in Neurology, University of Toronto

Dr. Ranalli's letter was published in the Hamilton Spectator, July 25, and is reprinted here with permission of the author.

(CMA abortion policy...cont'd from page 4)

health care workers with the huge changes we are facing with technological capabilities," Dr. Johnston told the National Post. "Now is the time to be strengthening conscience protections so that people who find themselves uncomfortable with procedures should have their rights protected."

CPL thanks CMA for upholding conscience protection for doctors

Dr. Johnston cautions that physicians must remain ever vigilant of threats to their freedom to practice in accordance with their conscience and medical judgment, and he commends the CMA for defending doctors' freedom from coercion. "This whole episode—Rodgers' and Downie's editorial in the CMAJ, the letters to the CMAJ, the American abor-

tionists trying to manipulate the CMA—should serve to warn us how fragile our rights of conscience really are, and how vulnerable to attack by deliberate misinformation they are," says Dr. Johnston. "CMA's commitment to its own Code of Ethics has been shown to be solid and sincere, and all Canadians can be grateful for that." ♦

References:

1. "Abortion: Ensuring Access," Sanda Rodgers and Jocelyn Downie, CMAJ, July 4, 2006.
2. Feb. 19, 2007, www.cmaj.ca/cgi/eletters/176/4/494#7430.
3. "Clarification of the CMA's position concerning induced abortion," Jeff Blackmer, CMAJ, April 24, 2007.
4. "Doctors asked to change national abortion policy," by Melissa Leong, National Post, May 10, 2007.

To thank CMA for clarifying and upholding CMA's abortion policy, while politely asking that freedom of conscience protection for doctors be strengthened, please write to:

Dr. Jeff Blackmer, Executive Director, Office of Ethics
(email: Jeff.Blackmer@cma.ca);

Dr. Colin McMillan, President
(email: Colin.McMillan@cma.ca);

Dr. Dr. Brian Day, President-Elect
(email: Brian.Day@cma.ca)

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Ottawa, Ontario K1G 3Y6

FAX: (613) 236-8864

Update

Controversial infant vaccine to be phased out by year end

Last November, Canadian Physicians for Life wrote to all provincial health ministers asking for the infant vaccine Pediacel™ (diphtheria, tetanus, pertussis, polio and Haemophilus B) to be made available to Canadian parents who request it. Unlike Pentacel™ which is currently being used in all provinces, Pediacel™ is not derived from the MRC-5 fetal cell line. Both vaccines are Health Canada approved but only Pentacel™ is marketed in Canada and is publicly funded in the regular childhood vaccination programs.

In February of this year, Canadian Physicians for Life received a letter from the Provincial Health Officer of British Columbia, P.R.W. Kendall, stating that the pharmaceutical company Sanofi Pasteur has received approval for Pediacel™ and will be phasing out Pentacel™ in Canada in mid to late 2007. "As a result, all Canadian provinces and territories including BC will be using Pediacel™ in the routine immunization program."

Canadian Physicians for Life commends the decision of the provincial governments to provide access to a vaccine that protects children from serious diseases without compromising the conscientious beliefs of parents who are morally troubled by the origins of the Pentacel™ vaccine. ♦

CMA maintains opposition to Euthanasia and Physician Assisted Suicide in updated 2007 policy

"Re-examination" of this issue by ethics committee to be presented at CMA's annual meeting in August

At CMA's annual meeting last year, the Committee on Ethics was asked to "re-examine" the "moral, ethical, and legal aspects" of physician assisted suicide and report back at CMA's 2007 annual meeting in Vancouver. As CMA's Dr. Jeff Blackmer has noted, "Polls show some support for the concept of allowing patients to hasten their deaths with MDs' help, and it appears to be growing slowly. However, the issues surrounding assisted suicide are not black and white, but every shade of grey.

Issues of politics, religion and personal morality all play critical roles in the debate over whether or not physicians, whose job is to save lives, should also be allowed to end them. (*"Ethics Corner: physician assisted suicide," Dr. Jeff Blackmer, Executive Director, CMA Office of Ethics, CMA Bulletin, Oct. 10, 2006.*)

Dr. Blackmer went on to note that the goal of the task assigned to the ethics committee "is to examine changes that have taken place in the way society and the medical profession view disease,

DVD:

"Turning the Tide"

Turning the Tide, produced by the Euthanasia Prevention Coalition and Salt and Light television media foundation, was designed to change the way secular society perceives the issues of euthanasia and assisted suicide. Secular society views the issues of euthanasia and assisted suicide to be issues related to autonomy whereas *Turning the Tide* shifts the focus of the issue.

Turning the Tide uses a personal story style to focus on the vulnerability of the person when one experiences disability, depression or symptoms related to degenerative and/or end of life conditions. The video also focuses on issues related to pain and symptom management and proper end-of-life care.

To order, contact :
Euthanasia Prevention Coalition
Box 25033, London, ON, N6C 6A8;
(ph) 1-877-439-3348; email: info@epcc.ca.



suffering and death."

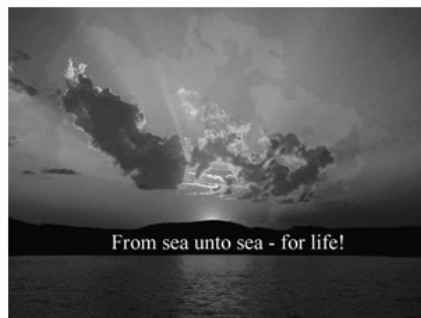
As a result of the Committee's review of its policy on euthanasia and assisted suicide, the policy was updated and passed by the CMA Board of Directors in May 2007. As Dr. Blackmer noted in an email to Canadian Physicians for Life, no substantive changes were made to the policy; updates merely reflected changes in terminology and recent developments in various countries.

The Chair of CMA's Committee on Ethics will be giving an update of these proceedings at CMA's annual meeting to be held August 19-22 at the Westin Bayshore in Vancouver. (Program can be found at: www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Annual_Meeting/2007/Preliminary2007_e.pdf)

Canadian Physicians for Life thanks Dr. Jeff Blackmer, the Committee on Ethics, and CMA's Board of Directors for maintaining CMA's opposition to euthanasia and physician assisted suicide. ♦

2007 National Pro-Life Conference

Moncton, NB
October 25 - 27, 2007



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2007 Medical Students Forum

Friday, Nov. 30 - Saturday, Dec. 1, 2007

Four Points Sheraton Toronto Airport Hotel

This year's Medical Students Forum is being held in conjunction with the International Symposium on Euthanasia and Assisted suicide in Toronto (see details below.)

As in the past, Canadian Physicians for Life will help sponsor a limited number of pro-life medical students and residents to attend this event.

Attendees to the Medical Students Forum will take part in the Euthanasia Symposium for one full day (Saturday, Dec. 1).

On Friday, November 30, CPL will hold its own one-day conference across the hall from the Euthanasia conference. These sessions will focus on abortion and reproductive health.

Pro-life medical students who are interested in deepening their understanding of the life issues and who want to acquire the knowledge, the skills, and the courage to defend the pro-life ethic in the medical profession will be able to apply for sponsorship to attend this event. ***Sponsorship application forms will be posted on our website (www.physiciansforlife.ca) later this summer.***

Here's what some students had to say about our last conference held in Montreal in 2005: "We were able to learn valu-

able information at the conference that is not presented to us elsewhere in our medical education, and as a result we are better equipped to approach the pro-life issues we will face throughout our training." (Student from U of Sask.); "...at the end of the conference I was an inspired medical student, strengthened with the testimonies of practicing pro-life doctors who hold the tools to be able to talk about these issues with students, patients, and future colleagues." (Student from U of A.); "Thank you so much for sponsoring me. It changed the way that I will practice." (Student from UBC)

An impressive line-up of speakers includes: **Dr. Stephen Genuis**, Associate Clinical Professor, Department of Obstetrics and Gynecology, University of Alberta; **Dr. Will Johnston**, Vancouver Family Physician and President of Canadian Physicians for Life; **Dr. Paul Ranalli**, Lecturer in Neurology, University of Toronto; and **Dr. Larry Reynolds**, Head of the Department of Family Medicine, University of Manitoba.

Further details will be posted on our website as they become available; visit www.physiciansforlife.ca or call the CPL office at 613-728-5433 for more information.

The International Symposium on Euthanasia and Assisted Suicide: Current Issues Future Directions

Friday, Nov. 30 - Saturday, Dec. 1, 2007

Four Points Sheraton Toronto Airport Hotel

Speakers Include:

- **Margaret Somerville**, from the McGill Centre for Medicine, Ethics and Law (is the dinner speaker). Somerville is the author of many books including: *Death Talk: The case against Euthanasia and Physician-Assisted Suicide*.
- **Rita Marker**, the Executive Director of the *International Task Force on Euthanasia and Assisted Suicide*. She is also a lawyer and author.
- **Wesley J. Smith**, attorney for the *International Task Force on Euthanasia and Assisted Suicide*. Smith is the author of many books including: *Forced Exit*.
- **Hugh Scher**, legal counsel for the Euthanasia Prevention Coalition and the former chair of the Council of Canadians with Disabilities Human Rights Committee.
- **Dr William Toffler**, the national director of *Physicians for Compassionate Care* in Oregon.
- **Diane Coleman** and **Stephen Drake** are the leaders of the disability rights group *NOT DEAD YET* in the US.
- **Dr. Peter Saunders**, the director of the *Care NOT Killing Alliance* in the UK.

- **Dr. Bob Orr**, the director of the *Vermont Alliance for Ethical Health Care* in Vermont.
- **Catherine Frazee**, professor of disability studies at Ryerson University in Toronto and the former chair of the Ontario Human Rights Commission (1990 - 95).
- **Allison Davis**, the director of the disability rights group *No Less Human* in the UK,
- **Bert Dorenbos**, the President of *Cry for Life* in the Netherlands,
- **Alex Schadenberg**, the Executive Director of the Euthanasia Prevention Coalition in Canada.

Organized by:

Euthanasia Prevention Coalition - Canada

Co-Sponsored by:

Euthanasia Prevention Coalition - Canada; *NOT DEAD YET* - USA; Physicians for Compassionate Care - Oregon, Vermont; Alliance for Ethical Healthcare - Vermont; Care NOT Killing Alliance - UK; No Less Human, UK

For more information or to register, contact the Euthanasia Prevention Coalition at: 1-877-439-3348 or email: info@epcc.ca