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Freedom of conscience threatened for Ontario's physicians

Dr. Will Johnston, president of Canadian Physicians for Life, made this interim submission to the College of Physicians and Surgeons of Ontario on August 18, 2008, in response to the College's draft policy document "Physicians and the Ontario Human Rights Code." A more detailed response from Canadian Physicians for Life was submitted on September 11, and is posted at www.physiciansforlife.ca. Due to intense criticism of the draft policy, the College revised its proposal and omitted the most obviously offending parts, but problems still remain (see page 5 of this issue of Vital Signs). The revised proposal was passed by Council on September 18, 2008, and is posted at: www.cpso.on.ca/Policies/Human_Rights.html

We are all just learning how to “do” a pluralistic society and it is not surprising that we are having some growing pains. Parts of the Executive Committee's recent draft policy entitled “Physicians and the Ontario *Human Rights Code*” demonstrate that errors are easily made in the process of codifying the duties of physicians, tolerance, and ideals of patient autonomy.

The last time that a serious attempt was made to make the suppression of medical conscience respectable was the furiously opposed, and in effect finally officially renounced, 2006 CMAJ guest editorial by a pair of legal academics who were dismissive of medical qualms about abortion and obtuse about the reality that referring for a procedure means medical and ethical implication in the procedure.¹

(Continued on page 4...CPSO)

“Our honours system is being debased”

“If they ever decide to have a ceremony to award Henry Morgentaler his Order of Canada, I'd like to suggest the appropriate music: Gustav Mahler's Kindertotenlieder (Songs on the Death of Children).”

Paul Ranalli, MD, FRCPC, Toronto
Letter in the National Post
July 3, 2008.

Canada's Day of Infamy: Morgentaler awarded country's highest honour on July 1

On July 1, 2008, Dr. Will Johnston, president of Canadian Physicians for Life, issued the following statement in response to reports that Henry Morgentaler was expected to be named to the Order of Canada.

Abortion remains the open and running sore of Canadian civic life. There is not, at present, sufficient revulsion of it among women to eradicate it, but it is not credible that the political majority which tolerates and ignores it also wants it to be honoured. And let us be clear – to honour Henry Morgentaler with the Order of

Canada would be to honour abortion, for he did nothing else of note.

In fact, he was found guilty of “not holding a valid interview before an abortion, for failing almost completely to gather a case history of

(Continued on page 2...Order of Canada)

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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Will Johnston, MD

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(Order of Canada...cont'd from page 1)

his client, for failing to perform the necessary pregnancy test or blood test, for not obtaining pathological examination of the 'tissues' removed and for failing to follow up the state of health of his patients afterward." Not a Nobel prize candidate.

The news that the Order of Canada might be abused in this contentious and partisan way came to me as I was cycling on an idyllic Gulf Island with my daughter. Those thousands of little daughters made into nothing by Henry Morgentaler deserved to live as much as the daughter I love so much. And as our daughter does not deserve to live just because her parents love her, so those many daughters killed by Henry Morgentaler did not deserve to die just because they were, for the moment, not loved enough.

It exhausts my overtaxed powers of indignation to see the Order of Canada miscarried in such a way. The award was meant to be a celebration of good works in which all Canada could wholeheartedly share. A career reviled by millions as spent in the service of death is the wrong subject matter for such an accolade. It will be more than unfortunate if those few entrusted with the privilege of granting our national honours persist, through loud alarms, in such a bitterly divisive mistake.

Rumor has it that the committee which chose to venerate Morgentaler failed to achieve the normally required unanimity and, if so, resorted to overriding the dissent by opting for the brute force of a majority vote. The Canadian system of honours should be a nation-unifying institution, not a focus of strife and a vulnerable target for political manipulation. If there is a sudden enthusiasm for true democracy on the topic of abortion, how about a referendum for all women to decide whether and when to protect the unborn child?

Membership in the Order of Canada can be (and has been) rescinded. In Morgentaler's case, there would be no other way to reclaim the honour of an Order tainted by his appointment.

But there is a much better alternative. Our love for this country, and our respect for the Order of Canada, leads us to a plea that the committee walk away, while there is still time, from such a notorious decision.

Within hours of this statement being released, news broke that Henry Morgentaler had been awarded the Order of Canada. ♦

ATTENTION: Alberta Physicians Standards of Practice

Stakeholder Consultation Process
September 2 - November 3, 2008

The College of Physicians and Surgeons of Alberta has prepared Standards of Practice for Alberta's medical profession and is in the process of seeking input from physicians and the public.

Note the section on "Termination of pregnancy and Birth Control" which states:

(1) Even if a physician's religious or personal convictions prevent the physician from advising or offering care regarding birth control or termination of a pregnancy, the physician must ensure that the patient who seeks such advice or medical care is offered access to information and assistance in making an informed decision and access to available medical options. (emphasis added)

Could this passage be interpreted to mean that a physician might be required to make abortion referrals or to facilitate access to the abortion in some way?

Deadline for input to CPSPA is Nov. 3, 2008.

Please send your comments to:

Ms. Cathy McCann, Senior Policy Advisor
College of Physicians & Surgeons of Alberta
2700-10020 100 ST NW
Edmonton AB T5J 0N3
Email: standards_of_practice@cpsa.ab.ca
Phone: 780-969-4968

The draft Standards of Practice can be found at:
www.cpsa.ab.ca/collegeprograms/attachments/Stds_of_practice/Standards%20of%20Practice%20FINAL%20report%20Sept%202008.pdf ♦

Late-term abortions rise in 2005

Statistics Canada released in May the abortion statistics for 2005. Most abortion providers provide no detailed information about the abortions they perform such as gestational age, complications, etc. Out of a total of 96,815 abortions in 2005, gestational age was reported for only 35,190. Of these, 504 abortions were done between 21-24 weeks gestation; 30 between 25-28 weeks and 9 babies were over 29 weeks. Gestational age was unknown for 61,625 abortions. The total number of babies aborted over 20 weeks in 2004 for whom we know gestational age (36,874) was 401. Source: Statistics Canada

False advertising or uncomfortable truth?

By Joanne Byfield

In April 2008, Advertising Standards Canada (ASC) upheld four complaints against LifeCanada's "Abortion: Have we gone too far?" ad campaign. The campaign was designed for the 20th anniversary of the Supreme Court decision that struck down all legal restrictions on abortion. ASC agreed with the complainants that the ads were misleading or inaccurate.

Advertising Standards Canada (ASC) is the Canadian advertising industry's self-regulatory body and oversees the Canadian Code of Advertising Standards. The group has over 160 members including all the major media outlets in Canada, advertisers and advertising agencies.

In February, when most of the billboard campaigns were ending, LifeCanada received notice from Advertising Standards Canada that three people had formally complained about the billboards in Winnipeg. About a week later, we were notified about another complaint, this one from Edmonton.

ASC asks complainants if they wish to have their identity revealed to the advertiser. In our case the Winnipeg complainants all declined. (The billboards named were within a couple of blocks of the city's abortion clinic.) The Edmonton complainant did give contact information. She did not, however, specify a particular billboard or location as required in the complaint form.

ASC also asks complainants if they have any competing interest with the advertiser. This is easy to determine in the case of most consumer advertising. In our case, however, since we are not a private company or retailer, who would a "competitor" be? Since we are a pro-life group, those who are "pro-choice" could be considered competitors. All the complainants declared they had no competing interest. One of the Winnipeg complainants did state that he/she was pro-choice. Two of the Winnipeg complainants had identical wording in their written complaint, an amazing coincidence from two unconnected people with

no competing interest.

All four objected to the billboards on the basis of accuracy, section 1 of the Code. One said the ad was "false, misleading and offensive." The two identical ones said, "While the ad does not support a woman's right to choose, that is not my concern with the ad. My concern is that its information is neither factual nor true. Abortions are not permitted or performed up to nine months in Canada as a standard rule. The only time a miscarriage/abortion would be induced in the third trimester it is due to serious genetic problems that are incompatible with life or as a result of a fetal death." Neither offered evidence to support the claim. LifeCanada's website, www.AbortionInCanada.ca, which appeared on the billboards, has evidence from Statistics Canada on the number of post-20 week abortions and the statement, also from Statistics Canada, that since the abortion law was struck down in 1988, there was no requirement for a health reason to obtain an abortion.

9 months.
The length of time an
abortion is allowed in Canada.
No medical reason needed.

abortion.
Have we gone too far?

www.AbortionInCanada.ca



We included the web address in the billboards because we wanted people to go to the site and read the statistics on abortion, the legal situation, the history of the law and other pertinent information. This was clearly a campaign designed to get people informed and discussing current public policy. Hence the question: "Abortion: Have we gone too far?"

In its decision, ASC said: "A false impression is created by the statement, '9 months. The length of time abortion is allowed in Canada.' In Canada, an abortion may not be had simply on the patient's request made at any time up to the full term of nine months. Although currently there may be no legal or statutory impediment to se-

curing an abortion in Canada at any time during the period of pregnancy, the reality of having an abortion conducted, particularly after the first trimester, is by no means assured. Since the advertising was totally silent on these substantive non-legal constraints and limitations, that are in fact and in practice, imposed by medical practitioners and hospitals on securing professionally authorized and administered abortions in the more advanced stages of pregnancy, the advertising contravenes clause 1 (b) of the Code, by omitting relevant information in a manner that, in the result, is deceptive."

LifeCanada has no idea who was on the Council or who advised this group of advertisers about access to abortion. In the absence of any documentation, we have no idea where they got their information that an abortion after the first trimester is more difficult to get. In fact, most abortion clinics advertise that they do abortions up to 20 weeks and some even later. Furthermore, Statistics Canada reported that in 2004, 13% of abortions occurred after the first trimester. That is approximately 13,000 abortions performed after 12 weeks. ASC provided no documentation of the assertion that there are "substantive non-legal constraints and limitations" on abortions.

LifeCanada, in its response to these complaints, presented documentation and evidence that late abortions do occur. The brief decision did not refer to our evidence, which included numbers from Statistics Canada. In addition, our ads did not suggest that most or even many abortions occurred in the last trimester.

The ASC decision is censorship. Our ads are not misleading. They bug people who disagree with us. The advertising gatekeeper, like many human rights tribunals and commissions across this country, is aligning itself with our opponents and helping them to suppress our right to free speech.

This is not about truth in advertising. This is about censorship and suppressing discussion about abortion.

Joanne Byfield is the president of LifeCanada. This is an edited version of an article first published in LifeCanada News, March/April 2008. Reprinted with permission. ♦

Ironically, it is the laudable impulse to serve the diversity of our patients' needs which has coincided with a mounting intolerance of diversity in our own medical colleagues' sincerely held principles. We recognize and affirm the marginalized patient whose life has taken a turn away from the mainstream, but the draft policy would marginalize the physician whose life-affirming ethics endure while the mainstream turns away.

A consumerist approach to the acquisition of services, long gathering strength inside our medical system, was expressed a century ago by the commercial philosophy that "the customer is always right." Our current challenge is to see the occasions of medical arrogance and paternalism of the past out the door without adopting the supine posture implied by the College's draft policy and background. As these documents would seem to see it, a physician can properly back away from an ethically troubling request only by pleading incompetence. The common scenario where the exercise of ethical competence and medical judgment frustrates a patient's immediate wishes is inadequately supported and explored.

Moral beliefs are indeed "central to the lives of physicians and their patients," as the draft document states, including to the lives of those who think of themselves as non-religious. In particular, we should have no tolerance for amoral physicians. Unfortunately, the document glides into a fundamental exercise in question-begging by assuming the true medical necessity of the contentious services for which it strives to guarantee practical, if not moral, acquiescence.

This controversy is not about the delivery of life-saving care or the correction of physical pathology. Real-life examples of the conflicts the College wishes to address almost always involve a patient preference for a medical service which will subjectively enhance their quality of life or remove an impediment to a desired lifestyle, with no credible claim of medical emergency. Such encounters may sometimes call for a tactful and respectful disengagement of the patient from the physician, but hardly the pre-emptive renunciation of

freedom of conscience implied by the College document.

Thus the draft policy's anticipation that compliant physicians will be ready to "set aside their personal beliefs" and its warning that decisions "based on moral or religious belief" may "constitute professional misconduct" seems particularly intemperate, a retrograde and illiberal lurch rather than a measured and sensitive evolution of standards.

The CPSO has put itself out on a limb with this undoubtedly well-meaning exercise in policy revision. The spirit of the draft document would, for instance, impugn the President of l'Association medicale de Quebec, who recently defended obstetricians who decline to alter their call schedules to accommodate patients who do not want to be cared for by a male.²

The College may also want to reconsider the implications of proposing policy revisions in the explicit context of the curious prediction that human rights complaints in Ontario will soon skyrocket to 3000 per year. Does the College believe that the Human Rights Commission system will bring better standards of medical practice than the College has previously promoted? Has the College complaints process hitherto been deficient in addressing public concerns about medical issues?

The College documents present an unseemly image of the College preparing to shine its shoes before inspection by a higher authority. And yet human rights commissions, as you are undoubtedly aware, are increasingly scrutinized for various abuses which they themselves engender. Alan Borovoy, the pre-eminent Canadian civil liberties champion, recently lamented that "during the years when my colleagues and I were labouring to create such commissions, we never imagined that they might ultimately be used against freedom of speech."³ Others have criticized the asymmetrically onerous burdens, of proof and of legal expense, which the commissions cause to fall on defendants.

In short, it is still unclear how human rights commissions and codes are going to find a good fit with our traditions of fairness, equality, and freedom. It is not a foregone conclusion that they are an improvement on the common law. The best

possible role that the CPSO could play in these turbulent seas would be as a beacon of moderation. It should not lose confidence in the capacity of physicians to exercise their fundamental freedoms in a manner befitting responsible professionals in a free and democratic society, nor in the principle that a free society is best served by a humble but independent medical profession. The College may choose to trim its sails in the stiffening breeze of litigiousness fostered by human rights commissions, but it need not throw its cargo overboard.

Authoritarian and coercive edicts like these draft policy documents suggest a fear of freedom that is unbecoming of a regulatory institution in a democratic country. They also raise serious questions about the CPSO's understanding of, and competence to deal with, issues of freedom, pluralism, accommodation and tolerance.

The future will be filled with radical technological changes and social innovations. It would be naïve to expect them all to be benign. It is vitally important to our society that members of our profession, like their fellow citizens, remain free to adhere to their conscientious convictions in choosing to participate in, ignore, or oppose any part of the torrent of change.

We strongly advise the Executive Council of the CPSO to study this policy in much greater depth before proposing changes to it. A further submission will follow.

Respectfully submitted,

Will Johnston, MD, President
Canadian Physicians for Life

1. CMAJ • July 4, 2006 • 175(1) page 9;
<http://www.cmaj.ca/cgi/reprint/175/1/9>

2. <http://www.cyberpresse.ca/article/20080815/CPACTUEL/808150793/1019/CPACTUALITES>

3. The Calgary Herald, "Hearing complaint alters rights body's mandate," A. Alan Borovoy, March 16, 2006 or at <http://www.safs.ca/issuescases/aborovoy.html> ♦

CPSO's revised policy still problematic

After almost a month of steady and intense criticism from physicians, the public, and numerous organizations, including a strong denunciation by the Ontario Medical Association, the College of Physicians and Surgeons of Ontario adopted a revised version of its draft policy "Physicians and the Ontario *Human Rights Code*" at a council meeting on September 18. According to a National Post report on this revised draft, CPSO had "backed off a controversial proposal that would have forced doctors to put aside their religious views when dealing with patients."¹

This assessment seems to be overly optimistic.

CPSO did remove the most offending passages from the policy (e.g. the explicit requirement that physicians must "set aside their personal beliefs" to ensure that patients receive "the medical treatment and services they require;" and that refusal to comply "based on moral or religious belief

may contravene the Code, and/or constitute professional misconduct"). However, according to Sean Murphy, Administrator of the Protection of Conscience Project, the new policy adopted still contains the "expectation that physicians may have to act contrary to their beliefs." Mr. Murphy says that this requirement is implied in the new passage which states that physicians who object to providing a service on moral or religious grounds are expected to "in some circumstances, help the patient or individual make arrangements."

As Mr. Murphy notes, failure to do so is still linked in the new policy to the possibility of being charged for professional misconduct. The new Policy states: "*The College will consider the extent to which a physician has complied with this guidance, when evaluating whether the physician's behaviour constitutes professional misconduct.*"²

Unfortunately for Ontario's doctors, the CPSO has not come out strongly enough in favour of freedom of conscience. The Ontario Medical Association had asked the College to abandon this policy altogether. In its September 11 submission to the Col-

lege, the OMA said, "We believe it should never be professional misconduct for an Ontarian physician to act in accordance with his or her religious belief."³

Mr. Murphy notes that the revised draft adopted by Council does make it clearer that the policy revisions are being driven by the Ontario Human Rights Commission, and that the danger against which physicians are being warned comes primarily from the direction of the OHRC.

In a Sept. 22 letter to CPL president Dr. Johnston, OMA president Dr. Ken Arnold wrote, "It is the OMA's position that physicians maintain a right to exercise their own moral judgment and freedom of choice in making decisions regarding medical care and that the CPSO not insert itself into the interpretation of human rights statutes." — BM

1 "Regulator won't force MDs to betray conscience," by Charles Lewis, National Post, Sept. 18, 2008.

2 www.cpso.on.ca/Policies/Human_Rights.html

3 www.oma.org/health/rights.asp

OHRC: Defender or violator of human rights?

CPSO's draft policy "Physicians and the Ontario *Human Rights Code*" was a response to a submission from the Ontario Human Rights Commission in February in which the OHRC said that physicians who practice according to conscience may be in violation of Ontario's *Human Rights Code*. Then in an August 15 submission to the College the OHRC responded to CPSO's draft policy, and as Sean Murphy, Administrator of the Protection of Conscience notes, the "tenor of its submission makes clear that the OHRC and related agencies pose a significant threat to the exercise of freedom of conscience by health care professionals." For example, the OHRC in its submission states, "*It is the Commission's position that doctors, as providers of services that are not religious in nature, must essentially 'check their personal views at the door' in providing medical care.*"

In what seemed like an attempt to clarify the OHRC's position, OHRC Chief Commissioner Barbara Hall said in a Sept. 2 letter in the National Post that "patients should not have to shop around for medical treatment they were denied for non-clinical discriminatory reasons." Dr. Stephen Genuis sent the following letter to the National Post in response:

Dear Editor,

I need clarification from the Ontario Human Rights Commission (OHRC) regarding the proposal to restrict 'freedom of conscience' for doctors.

1) Some faith and cultural groups consider the steadfast denial by physicians to perform procedures such as female circumcision or female feticide to be discrimination based on faith or race. According to the OHRC, are physicians compelled to perform or refer for such procedures that some patients demand on the basis of their religious or cultural beliefs?

2) In 1985, Supreme Court Chief Justice Brian Dickson stated, "Freedom can primarily be characterized by the absence of coercion or constraint. If a person is compelled by the State or the will of another to a course of action or inaction which he would not otherwise have chosen, he is not acting of his own volition and he cannot be said to be truly free." Is denying freedom to a specific group not inherently discriminatory?

3) Coercing ethical doctors to do what they feel is unethical violates 'freedom of conscience' - a basic human right according to the UN Universal Declaration of Human Rights. Does the OHRC Code supersede the UN Declaration?

4) From the vantage point of primary doctors, to refer to another practitioner who they anticipate will proceed in a way the primary doctor feels is damaging to the patient, is to be complicit in harm - a violation of the 'Do no harm' principle of the Hippocratic Oath. Does the OHRC Code supersede the Hippocratic Oath?

5) Finally, attempts to coerce a physician to do something that he/she feels is ethically inappropriate under threat of legal or disciplinary action might also be considered 'discrimination on the basis of ethical orientation.' To whom do physicians file discrimination complaints against the OHRC and the College of Physicians and Surgeons for violating the basic human rights of doctors?

Dr. Stephen Genuis
Clinical Associate Professor - Obstetrics and Gynecology, University of Alberta ♦

Open Letter to Canada's Physicians regarding Bill C-484, the Unborn Victims of Crime Act

Member of Parliament for Edmonton — Sherwood Park, Ken Epp, sent the following letter in August to all major physicians' groups in Canada including the CMA, the SOGC, the CFPC, the FMSQ, and all the provincial Colleges of Physicians and Surgeons, in an attempt to quell the fears of the medical profession. Many physicians groups had strongly denounced Bill C-484 (see sidebar on opposite page). On August 20, the CMA "overwhelmingly" passed a motion denouncing the Bill, under the mistaken impression it could criminalize doctors who perform abortions.

An edited version of this letter was published in the *Montreal Gazette* on August 7, 2008.

Dear Physicians,

It is with utmost respect that I approach you with regards to my Private Members Bill, C-484.

I am deeply disappointed that a number of physician groups are opposing this Bill. I want to believe that any opposition is sincere and based possibly on publicly stated misconceptions that the Bill will, in some way, impact a woman's right to make choices about her own body, and also about possible legal consequences "down the road."

I ask that you truly consider this matter as an individual physician, and not part of a 'collective interest' with any particular agenda to display or protect. With that in mind, let me try to address the above concerns.

Please, for a moment, put yourself in the shoes of the woman who is pregnant and wants to be, who wants to bring her developing child to term and raise it in her family. She has made a choice. She knows what is growing inside her is going to be a person in her family some day. By all means reject that it is a "person" now if that is your personal belief — Bill C-484 doesn't change that at all, in fact. But hopefully you will acknowledge that, to this woman, it is very much a life that is growing inside her. *It is not nothing.* And



her and her family, her loss is very real.

To provide some perspective, if a pregnant woman came to you after being attacked and wanted you to save her baby, would you turn your back on her? Would you not do everything in your power to help save the life of what she sees as her unborn child? Would you or any doctor say, "Well, this isn't legally a 'human being' yet, so I can't or won't do anything about this, sorry"?

As a physician, you are trained to save lives, including saving the life of a child not yet born if it is at risk. And the fact that any doctor would fight to save the life of the yet-to-be-born child simply demonstrates the instinctive understanding that there is a life there to save, in spite of it not being a "human being" in Canadian law.

Losing one's unborn child in a violent act is beyond heartbreaking. It is a devastating tragedy which is only exacerbated by the fact that our legal system, not to mention society in general, has for too long turned its back on these most vulnerable of women and their families. By not charging an assailant in this tragic circumstance, we only add to the hurt and sorrow that survivors experience. C-484 is a compassionate response to their cry for justice.

I am very aware, though, that opponents of this Bill claim to fear that it will be the first step in recriminalizing abortion.

Let me state clearly and categorically that, despite what opponents have said, Bill C-484 is so truly not about abortion. If a woman wants to have an abortion in Canada, we all understand that she has that recourse and this Bill has explicit wording to respect that choice. Also, and significantly, C-484 does not change the definition of "human being" or recognize fetal "personhood" in any way. What it does, is to give legal recourse to lay charges against a *third-party only*, in the *very spe-*

if someone attacks her and takes that away from her, not only is she violated but she has also lost something very real that she has built her life and dreams around. To her, it matters deeply. To

cific, very narrow circumstance when a pregnant woman is the victim of a crime, the attacker knows she is pregnant, and, in the process, the attacker intentionally or recklessly harms or causes the death of her unborn baby.

I have diligently tried to walk critics through what appear to be intentionally fear-creating references to 'fetal homicide' and 'unborn victims of violence' laws in various U.S. states. While we hear of hundreds of women being charged and imprisoned in the U.S, when researched with accuracy in mind, there are in fact no valid comparisons to make, and this Bill, if it became law, could not in any legitimate way be used to "police" or "punish" pregnant women. Far from jeopardizing the rights of women as the critics claim, this Bill would enhance their rights and security.

Left to think about this particular issue quietly, the vast majority of Canadians have already said, in three national polls, that they absolutely support this Bill and the real intention behind it. Even in Quebec where the opposition has been the most vociferous and heated, the majority of those with an opinion support this Bill, including 53% of Quebec women.

I close by asking some questions that I think are fair and reasonable:

What do you say to a woman who is grieving from a miscarriage or a stillbirth? What has she lost? Is her sadness imaginary? While I am not a physician, I am certain you do not tell her she has lost nothing.

Support for this Bill will tell these women that society recognizes the value of what she has lost and honours the grief she endures as a result.

I will continue to hope that Canada's physicians will show their trademark compassion for victimized women and also for the not-yet-born children they very much wanted by supporting Bill C-484.

Thanking you for your thoughtful consideration of this important matter, I remain

Yours sincerely,

Ken Epp, MP
Edmonton — Sherwood Park.

Bill C-484, and all bills, died on the Order Paper when the election was called. ♦

Medical Organizations denounce the Unborn Victims of Crime Act

On August 20, 2008 the **Canadian Medical Association**, at its Annual General Meeting “overwhelmingly” passed a resolution denouncing Bill C-484. The CMA feared that doctors could be subject to criminal sanctions under Bill C-484.

Bill C-484 *explicitly excludes consensual abortion* and applies *only* in the commission of an offence against the pregnant woman. It is important to note that doctors who perform abortions on women who request them could not be prosecuted under Bill C-484.

The following medical groups have also denounced the Unborn Victims of Crime Act:

- Fédération des médecins spécialistes du Québec
- Collège des médecins du Québec
- College of Family Physicians of Canada
- Society of Obstetricians and Gynaecologists of Canada
- Federation of Medical Women of Canada.

Canadian Physicians for Life's 2008 Annual General Meeting

Friday, November 21

8:00 p.m.

**Mount Mary Retreat Centre
Ancaster, Ontario**

Please RSVP:

info@physiciansforlife.ca; or

Phone/Fax: 613-728-5433

Notice is hereby given that Canadian Physicians for Life proposes to amend By-law 8 to increase the number of Directors of the Board from three to seven at the Annual General Meeting on November 21 at 8 p.m. in Ancaster, Ontario.

Letter to medical groups opposing C-484 from Resident in Family Medicine

Hello Colleagues,

It is with great sadness and disappointment that I am addressing you today. I am concerned and disappointed about your opposition to the Private members bill C-484, the unborn victims of crime act brought forward by Ken Epp.

I recently graduated from University of British Columbia Faculty of Medicine and this past July I began my Family Practice Residency at The University of Calgary. I love being a doctor and working with other doctors. Our professional organizations are very effective at promoting collegiality and I feel a strong bond with other doctors. We rely so heavily on each other for support in so many areas. I hope this never changes.

It is for these reasons that I am so distressed about your opposition to this bill.

I am 33 weeks pregnant. I am due October 6, 2008. This baby was a surprise but it is very wanted. I am so excited to finally meet my baby. My husband and I have chosen not to know the sex but we have 2 names picked out. We have a nursery, we have the amazingly detailed 3D ultrasound pictures and I can feel my baby moving all the time.

I would be devastated if anything happened to my baby; especially if I lost it as a consequence of a third party attack. Cur-

rently, there is no recourse for me if this were to happen. I don't know what I would do or when I would recover. There are tears in my eyes just thinking about it.

I understand that the concern is that this bill may somehow lead to criminal charges against doctors who perform abortions. I have read the bill and a lengthy clarification on the part of Mr. Epp. This bill would not penalize me if I had chosen to terminate this baby. Nor would this bill restrict my ability to legally perform abortions should I choose to do so.

This bill offers me protection from someone else harming my wanted child.

This is what you are opposing.

You are opposing the only chance that I, one of your colleagues, would have at justice if someone were to violently take my baby from me. This is why I feel so betrayed, devastated and sad.

I have attached a letter that Mr. Epp wrote clarifying his bill. Please reconsider and reverse your opposition to this bill. It is very important for mothers who want their babies to have protection.

Thank you very much for your time.

Sincerely,

Dr. Kiely Williams BSc. M.D.
R1 Family Medicine University of Calgary ♦

2008 Medical Students Forum

Saturday, Nov. 22 - Sunday, Nov. 23, 2008

Mount Mary Retreat Centre, Ancaster, Ontario

Pro-life medical students and residents 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 are invited to apply for sponsorship to attend Canadian Physicians for Life's 2008 Medical Students Forum which will take place in Ancaster, Ontario (15 minutes from the Hamilton airport).

Conference participants will have the unique opportunity to learn from and dialogue with some of the most renowned speakers/researchers/educators in Canada's medical profession who are dedicated to the respect and ethical treatment of all human beings.

The conference will focus mainly on issues surrounding abortion, reproductive health, and freedom of conscience.

Our last year's Medical Students Forum in Toronto was a great success, and we are pleased to be able to, once again, sponsor a limited number of pro-life medical students and residents to attend our 2008 event.

Here's what some medical students had to say about our 2007 Medical Students Forum...

"Especially useful was the evidence-based approach that the presenters took to the issues, with lengthy bibliographies that we could refer to when defending a pro-life position. We were so inspired by the physician-mentors at the forum that a group of us from the University of Calgary decided to debrief the rest of our class with the evidence."

(University of Calgary medical student, Class of 2010)

"The part I liked most about the conference was the working supper - the free question period definitely addressed some of my major questions/concerns.I found that the atmosphere was very inviting. It is very rare to have physicians take so much time out of their schedule to speak to students on an individual basis."

(University of Alberta medical student, class of 2011)

"Before the conference, I knew that I supported what I consider to be a 'pro-life' position, but I didn't know about the wealth of scientific medical evidence that supports this view. I feel I've been given a great deal of information that will enable me to speak confidently about the pro-life perspective."

(Dalhousie University medical student, Class of 2011)

What is included in sponsorship?

Canadian Physicians for Life will sponsor as many medical students / residents as possible to attend this event. We will pay for most of the cost involved for students, and approximately half the cost for residents, as follows:

- 2 nights, shared accommodation at Mount Mary Retreat Centre, Ancaster, Ontario
- Conference fees / meals
- A maximum allowance for air/train/bus/car travel, depending on where person is travelling from (*details to be announced.*)

Application deadline

Application forms can be downloaded from our website at www.physiciansforlife.ca. Applications should be received in our office by **October 24, 2008**. (Late applications will be considered if space and funding permit.)

Preliminary List of Speakers*

Stephen Genuis, MD, FRCSC, DABOG, Associate Clinical Professor, Department of Obstetrics and Gynecology, U of A

Will Johnston, MD, President of Canadian Physicians for Life and Family Physician, Vancouver

John Patrick, MD, Professor, Augustine College, Ottawa

Lise Poirier-Groulx, MD, CCFP, FCFP, Family Physician, Ottawa

Paul Ranalli, MD, FRCPC Lecturer in Neurology, U of T

Larry Reynolds, MD, CCFP, FCFP, Professor of Family Medicine, U of M and Professor of Family Medicine, UWO

Isabelle Bégin, Researcher, Publications Vivere Publications inc.; and National Coordinator, Vivere Canadian newborn adoption support service.

Stephanie Gray, Executive Director, Canadian Centre for Bioethical Reform

Sean Murphy, Administrator, Protection of Conscience Project

**subject to change*

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 or email: cpfl.events@gmail.com for more information. ♦