



Canadian Physicians
for Life

Canadian Physicians for Life's members on

Pro-Life Practice Options

Primary Care Possibilities for Pro-Life Physicians

By Thomas Bouchard, MD and Rene Leiva, MD

As pro-life family physicians, we are grateful to be a voice to affirm the sanctity of life in our patient population. Many of our patients have a worldview consistent with ours, and have found us specifically because they were looking for a pro-life physician. Others have become patients because they lived near the clinic, though they may not share our worldview. Regardless of how we came to know each other, our patients have learned about the value we place on life from conception to natural death.

There are many different models for family physicians to practice primary care and have a positive influence in their patients' and colleagues' lives. One very valuable model is in the usual setting of joining a practice with other family physicians who may or may not share the same views. In this context, when others do not share the same views it can be an opportunity for collegial and respectful dialogue - respecting each others' differences and acknowledging our strengths and weaknesses.

Another model that is being explored is that of a clinic with a distinctive pro-life vision. Such a clinic would bring together like-minded physicians who have in the background a vision statement that affirms the sanctity of life from conception to natural death. It would be important for such a clinic not to be "exclusive" in the way it attracts patients - i.e. that it would not solicit patients who share the same vision only. The point of such a clinic would be to provide care for the community at large, but with the specific goal of promoting and ensuring the health of all patients at any age (including the unborn). The physicians involved should care to be excellent in their discipline, excelling as family physicians in general, in addition to being leaders and role-models of pro-life physicians who can

cooperate with colleagues in a non-confrontational manner. Furthermore, new symbiotic models could be created with other like-minded organizations, bringing together physicians' clinics, pregnancy crisis institutions, nursing homes, palliative care support groups, or social services agencies to name a few.

We see the importance of primary care providers in both situations - collaborating with colleagues with differing views, as well as supporting one another in a setting with a common vision. Both models are necessary to promote a consistent life ethic, but in certain environments there may be a greater need to have strength in numbers: pro-life physicians provide support for each other so that there is a sense that we are not alone.

Patients may also have a preference for one model or another, and they should be free to choose a physician in either setting. Given Canada's emphasis on diversity and the College of Family Physicians of Canada's emphasis on new models for the "medical home," we think pro-life Family doctors will be able to find a home for themselves and their patients in a variety of different settings. Currently, many Canadian Physicians for Life are exploring these different possibilities. Certainly the proposed models will take effort and commitment, however, if we want to become a light for our nation among a culture of death, the challenge is worth it!

Canadian Physicians for Life board member Dr. Bouchard is a family physician in Calgary; Dr. Leiva has a family practice in Ottawa.

This article was originally published in the Summer 2013 issue of Vital Signs.