



VITAL SIGNS

Spring 2016



RU-486: Misguided Medicine by Dr. Laura Lewis

RU-486 is a two drug combination approved by Health Canada for the induction of abortion within the first seven weeks of pregnancy. It is scheduled for release in 2016, and will be sold under the name of Mifegymiso. The first drug, mifepristone, blocks the effects of progesterone, a hormone essential to maintaining the lining of the uterus, which is necessary to nourish the developing fetus. After the administration of mifepristone, the lack of progesterone causes the death of the developing new life. The second medication, misoprostol, is typically administered 48 hours later, causing the mother to experience uterine contractions to expel the dead fetus.

RU-486 has been touted as a safe abortion option for women living in areas where abortion is not accessible. Apart from the obvious threat to the life of the baby, this drug also has serious potential health hazards for the mother. For those who advocate for "safe" abortions, RU-486 has its own back-alley history.

In 2007, an American pro-choice advocate, Norine Dworkin-McDaniel, wrote about her experience with RU-486 in *Marie Claire* magazine.

Facing an unplanned pregnancy, Dworkin-McDaniel was elated that RU-486 was available in America. Dworkin-McDaniel read the literature for the drug, which described cramping and bleeding "similar to or greater than a normal, heavy period." She told herself she would take a few pills, experience some cramps and then it would all be over.

...continued on Page 5

A publication of
Canadian Physicians *for* Life

Inside this Issue:

- 1 RU-486: Misguided Medicine
- 2 Challenging the College of Physicians and Surgeons of Ontario
- 3 What They Don't Teach You About Abortion
- 4 A Student's Words of Appreciation
- 5 Announcing the CPL Crisis Line
- 6 2015 Annual Conference Review
- 7 Annual Report
- 8 Suicide Advocates and their Need to 'Break a Few Eggs'

Challenging the College of Physicians and Surgeons of Ontario on Conscience Rights

by Albertos Polizogopoulos



Last year, the College of Physicians and Surgeons of Ontario (CPSO) passed a new policy entitled *Professional Obligations and Human Rights* which requires physicians who have conscientious objections, in the most extreme of cases, to perform or prescribe the procedure or pharmaceutical, and in all cases, to provide an “effective referral” for it. The Policy defines “effective referral” as a referral made to a non-objecting, available and accessible physician. Prior to the Policy, physicians were not required to perform or refer for procedures or pharmaceuticals to which they objected.

Many physicians object to certain procedures or pharmaceuticals on moral or religious grounds, and their moral objection extends to referrals. For some,

providing a referral is being complicit in an act which they believe to be immoral. Indeed, Canada’s criminal law reflects this. For example, it is a crime in Canada for an individual to sell narcotics and it is also a crime to assist someone in obtaining narcotics. In simple terms, it’s a crime to sell cocaine but it’s also a crime to refer someone to a cocaine dealer.

There are no competing rights in the case of physicians conscientiously objecting to a specific procedure or pharmaceutical.

The Policy, unfortunately, fails to appreciate the nature of complicity through referral and as a result, fails to deal with physicians’ human rights and *Charter of Rights and Freedoms’* rights to freedom of conscience and freedom of religion.

In response to the Policy, a number of physicians and physicians’ groups, including Canadian Physicians for Life, have challenged the Policy on the grounds that it violates the *Charter* rights to freedom of conscience and religion of physicians in Ontario.

Freedom of conscience and religion, as set out in the *Charter*, exists to ensure that individuals are not coerced

by the state (which in this case includes the CPSO), to act in violation of their conscience or religious beliefs. In a leading case on the issue of freedom of conscience, the Federal Court of Appeal concluded that failing to provide a vegetarian inmate with vegetarian meals would force him to violate his conscience and therefore violated the *Charter*. In our challenge to the Policy, our argument is similar. To force physicians, either directly through performance or indirectly through referral, to participate in an act which they believe to be immoral is to violate their freedom of conscience.

In our legal system, there are situations where one’s *Charter* rights can be limited or violated. Those situations are generally limited to instances of competing rights or when the limitation is demonstrably justified in a free and democratic society. However, there are no competing rights in the case of physicians conscientiously objecting to a specific procedure or pharmaceutical. As such, there is no balancing of rights necessary here. There is no *Charter* right (or any other legal right) to demand that a specific physician provide you with a specific procedure or pharmaceutical.

Our challenge was commenced last year and we hope to be filing our record, which is the evidence on which we will be relying, shortly. Our record includes evidence from our applicants as well as experts in the fields of medical ethics, medical practice, Catholic moral theology, Protestant theology and moral injury. Once our record is filed, the CPSO will prepare and file their own record, following which we may have examinations and then our hearing. We are hopeful that our case will be heard in 2016.

Albertos Polizogopoulos is a partner at an Ottawa law firm. In recent years, much of Albertos’ practice has been devoted to protecting physicians’ conscience rights and religious freedoms. For more information on the case, please visit www.cp4l.ca/engagement.

What They Don't Teach You About Abortion

by a Third Year Medical Student*

In my first semester of medical school, we had a small group learning case about chromosomal abnormalities. Prenatal screening tests of a young mother showed trisomy 21 in the fetus, and after much agony the mother decided to abort her child. Our tutor then assigned us the task of looking up facts surrounding abortion generally. I was surprised to discover that when the Supreme Court struck down the abortion law in 1988, a gaping void was left in our legislation. Canada is the only country in the western world without any abortion legislation, making abortions legal at any time in the pregnancy and for any reason. This lack of legislation allows for atrocities such as sex-selective abortions, which is the abortion of fetuses based on the predicted gender. This practice has traditionally been most common in countries where cultural norms value male children over female, such as in China and India, and yet I could not imagine it happening in Canada. Appalled by this discovery, I brought this up with the group but was assured by the tutor that these things happen very seldom, if ever at all.

Not entirely convinced, I went home to research further. As it turns out, a study published in the CMAJ was able to use male-to-female gender-ratios at birth to demonstrate that the practice of gendercide does in fact happen in Canada, particularly in certain ethnic communities. The study revealed that Canadian women born in South Korea birthed a male-female child at a ratio of 1.2, while mothers born in India at 1.11. Where do the missing baby girls go? While abortion statistics are not mandated by law to be reported, the study strongly suggests that the disproportionately large number of male babies being birthed is a result of selectively aborting female fetuses after determination of sex by ultrasound.

Initially, I was hesitant to share my findings with my friends. While debate around abortion has been almost taboo in the spheres of my professional education, with any dissent towards the practice being met with indignant protests, I was surprised to find that my colleagues were distraught and sympathetic upon

learning that sex-selective abortion took place. It seemed that many of those who were pro-abortion for genetic or socioeconomic reasons were actually opposed to gendercide. Public surveys echoed my observations as well: a 2011 Environics poll found that 92% of respondents believed sex-selected abortions should be illegal, while a 2012 poll by Angus Reid found that 60% of respondents felt that there should be legislation limiting sex-selection. While abortion is a divisive issue, there is however consensus among Canadians that gendercide has no place in this country.

If a pregnant mother requests an ultrasound to determine the gender of the fetus in order to inform her decision to abort, what can physicians do? I was relieved to find that while medical governing bodies have not imposed limitations with regards to sex selective abortions, many have made their stance on this issue clear. In 2007, the Executive of the Society of Obstetricians and Gynaecologists of Canada (SOGC) issued a statement that medical technologies for the sole purpose of gender identification in pregnancy should not be used to accommodate societal preferences, and that the SOGC does not support termination of pregnancy on the basis of gender. The College of Physicians and Surgeons of Ontario and the College of Physicians and Surgeons of British Columbia also echoed the SOGC's view.

I would assert that the fetus should not be discriminated against and aborted for any reason, be it gender, disability or socioeconomic conditions. However, in a country where legislation offers zero protection for the unborn, abortions happen every day for these precise reasons. And while politicians have been unwilling to address this issue, public and medical opinions on sex-selective abortions show us that there is much to be won in the battle for fetal rights.

*For sources, please visit www.cp41.ca/gendercide to download the article. *Medical student names are published in the print version of Vital Signs.*

A Student's Words of Appreciation: Thank You for the Gift of Courage

by a Third Year Medical Student*

Dear Canadian Physicians for Life donor,

I am a third year medical student and have been attending the Medical Student Forum (MSF) for as many years. I was thrilled when given the opportunity to thank our supporters. I and every medical student who attends these forums owe a great debt of gratitude to you who make it possible. You give with such generosity of heart, made even more laudable because you may not truly understand all the gifts you are giving us.

When I was in my second year I attended the MSF knowing that our abortion lecture would be occurring in the subsequent week. I needed a question to ask during the lecture that would provoke thought. That weekend provided me the opportunity to survey my pro-life peers. I listened intently to presentations given by leading minds on the topic, people like Stephanie Gray, for example, and even had the opportunity to discuss with them afterwards. In our scientific world one cannot expect to succeed without facts as the foundation of our arguments. *Thank you for the gift of knowledge.*

On the day of the lecture I found the perfect opportunity to ask my question. The abortionist had just been asked about policies around sex- selected abortions and he was proudly explaining that they refuse to terminate based on gender. I stuck up my hand and asked the abortionist that if that was the case, whether he felt that a baby girl's life was more important than that of a baby with Down syndrome. My question was received by gasps from my peers and a stunned silence from the abortionist presenting. He had no answer. I was the only dissident voice against abortion that day. This does not make me proud. There were other pro-lifers in that room, who for reasonable motives chose not to speak up. I most likely would have counted myself among them, except for the support I received through my MSF experience. I did not ask my question alone. I could feel every single MSF peer I had met standing at my back. *Thank you for the gift of courage.*

These forums are a time, once a year, when we get to meet others with like-minded values from across the country. Those of us "old-timers" endearingly call these conferences our "family reunions." This is not a gross over-exaggeration but rather a perfectly apt characterization. The bonds I have formed with my peers over that one weekend have rivaled relationships with classmates with whom I spend nearly every day. There is a fast bond among pro-lifers. I think it is best described by this C.S. Lewis quote: "Friendship is born at that moment when one person says to another: 'What? You, too? I thought I was the only one'." *Thank you for the gift of community.*

You likely do not know me and sadly we may never meet. Yet, you have been kind to those who are unable to repay you. With infant eyes we have taken note. Please rest assured that this last gift truly has made a mark. *Thank you for the gift of a good example.*

Sincerely,

Third Year Medical Student*

Board Member, Canadian Physicians for Life

*Medical student names are published in the print version of *Vital Signs*.

A thank you note from a patient and donor:

We are grateful for the integrity of your profession, that you seek to maintain, especially now against the onslaught of further death dealing. We need doctors that we can trust, especially those of us who may be seen as candidates for euthanasia.

...continued from Page 1

That was not her experience. She lived through, “searing, gripping, squeezing pain that ripped through [her] belly 30 minutes later.” She bled for 14 days. She developed cystic boils that covered her neck and back. She developed severe fatigue and depression. It took nine months for her to recover from the abortion.

Her gynecologist later told her that these types of side effects weren’t uncommon. In the end, Dworkin-McDaniel shared her disappointment that RU-486 isn’t “the panacea millions of women... thought it would be.” And reports suggest that her experience isn’t unique.

The US FDA adverse events summary for this drug, from its release date in 2000 until 2011, indicates there were 2,207 reported adverse events, including 14 women who died and 612 who required hospitalization. In 2001, a Canadian woman died from a massive bacterial infection while participating in a trial using this medication.

For any region adopting the use of this medication, 24-hour emergency services will have to be available to provide care should complications arise.

Women in Canada do not need more abortion access or more access to pregnancy-toxic chemicals like RU-486. What women in Canada do need, and have difficulty accessing, is practical help and encouragement to continue with their pregnancy when they are not being well supported by the people around them.

We can do better as a nation. We can do better as a medical profession.

For sources, please visit www.cp4l.ca/misguided to download the article. Dr. Laura Lewis is a family physician and a Canadian Physicians for Life board member.



Announcing the CPL Crisis Line Pilot Project

At our conference, a number of members expressed their thankfulness that Canadian Physicians for Life was there to provide them with support, advice and resources. As one attendee said, “The most valuable thing I took away from the conference was the knowledge that I have professional support from people who know this terrain better than I do.”

Medical professionals who hold to traditional Hippocratic medical ethics are facing difficult times. Some of our members have been attacked in the media for their beliefs, students and residents face pressure to perform acts contrary to their religious beliefs or morals, and it was necessary for CPL to join a legal challenge against a regulatory college because its policies require physicians to violate their consciences.

For these reasons, we are providing a crisis line that our members can call in times of difficulty. Whether you are student being challenged by an attending physician, or a physician being written about in the press, Canadian Physicians for Life is just a phone call away.

What is the Crisis Line? By calling our toll-free number at 1.855.239.0622, members will have the opportunity to speak for an hour with a lawyer. Depending on the circumstances, members will also have access to a network of pro-life physicians and professionals who can offer advice on media strategies, dealing with institutional politics, handling difficult ethical circumstances and crisis communications.

How is this different than the Canadian Medical Protective Association (CMPA)? Canadian Physicians for Life cannot fund legal defence cases for its members, nor represent them in court. If you are in need of legal assistance, and the CMPA cannot provide it, CPL can in most cases assist you in finding the right lawyer or organization to advance your case.

What the CPL Crisis Line uniquely offers is an opportunity to speak with pro-life lawyers, as well as other professionals, in a timely manner, who can talk to you about your situation and the impact it may have on you and your practice.

What if it isn’t a legal matter and I just need to talk about what happened? That’s okay. We’re here for you. Just call us.

What’s the cost? There is no cost to use the Crisis Line, just as there is no cost for a CPL membership. We do ask that if you have the financial means, to make a donation to CPL in order to facilitate these services for those who don’t.

1.855.239.0622



2015 Annual Conference Review: In a Nutshell

Location: Montreal, Quebec

Date: Oct 30-Nov 1



Attendees: 52 sponsored students attended from Vernon, BC to Montreal, QC; 35 other attendees, including lawyers, policy analysts, nurses, writers, physicians and theology students.



It was the first year CPL opened the conference to non-students. 98% of students stated that the conference should remain open to other pro-lifers as they appreciate the support and diverse perspectives.



Speakers included Andrea Mrozek of ProWomanProLife.org and the Institute for Marriage and Family Canada; Dr. Margaret Cottle, a palliative care physician; Dr. Stephen Genuis, a clinician and researcher; and ethicist Dr. Margaret Somerville.



Topics addressed: palliative care, pro-life apologetics, ethics, disability perspectives, media engagement, and legal perspectives and advice.



Participants attended the day-long joint conference held by the Euthanasia Prevention Coalition, Living with Dignity and the Physicians' Alliance Against Euthanasia.



100% of students stated in their evaluation forms that they “felt better equipped to promote and defend” their pro-life position.



100% of students stated in their evaluation forms that the conference exceeded or met their expectations.

“Because of your support, we grew as confident physicians rooted in our conscience and values, empowered and supported by so many who share our beliefs. Because of your support, the harm of euthanasia/PAD crystallized in our minds, when before, it was only a hazy image. Because of your support, we were impressed with the need to speak out, in a loving fashion, against it. Also because of your support, we, the future ‘physicians for life’ across Canada, are starting to join our efforts in this uncertain time with those of the people we met at this conference. For these reasons, and so much more, I thank you.” – Calgary Medical Resident

Save the Date for the 2016 Conference

The 2016 annual conference will take place in downtown Vancouver at the Holiday Day Inn & Suites from October 28th to 30th. Confirmed speakers include Stephanie Gray, Dr. Stephen Genuis, Albertos Polizogopoulos, Dr. Margaret Cottle, Doreen Yung, and Dr. Will Johnston. For more information, please visit www.cp4l.ca/2016.

Annual Report

2015 was a busy year for Canadian Physicians for Life. Here are a few highlights:

- Dr. Kiely Williams of Calgary, AB joined the board.
- We launched a new website in April 2015. Expect another update in early 2016. www.physiciansforlife.ca
- We launched a new email newsletter, Vital Bylines, in July. The email newsletter is sent twice monthly, and includes CPL updates, event announcements, and links to relevant news and journal articles. Sign up today, www.cp4l.ca/signup.
- We've relaunched our print newsletter *Vital Signs*, and it now includes exclusively original content.
- We held our largest conference to date. See page 6 for more details.
- Donor giving increased by 52%.
- Faye Sonier, formerly Legal Counsel for The Evangelical Fellowship of Canada, joined CPL in March as Executive Director and General Legal Counsel.
- We provided a number of new resources for our members, including papers on RU-486, the *Carter* decision and the regulation of medicine in Canada.
- CPL launched a Resource section on our website which provides members with a go-to source for journal articles on ethics and life issues. Visit the page at www.cp4l.ca/resources.
- We've relaunched our social media presence on Facebook (www.fb.com/CanadianPhysiciansforLife) and Twitter (@CdnLifeDocs). In the first few weeks alone, social media engagement increased by 649%.
- CPL staff and board members spoke at events, press conferences and with the media.
- CPL promoted and defended physician conscience rights through legal engagement (see Page 2) and by making submissions to various panels and committees. See www.cp4l.ca/engagement for details.



Please update your records as our mailing address has changed and we now have a toll-free number: Canadian Physicians for Life, PO Box 65136, RPO Merivale, Nepean, Ontario, K2G 5Y3 and call us at 1.855.239.0622.



Suicide Advocates and their Need to 'Break a Few Eggs'

The Last Word with Will Johnston, MD

All along, the promoters of assisted suicide have indulged in repeated bait-and-switch tactics. “Guidelines will protect all,” they say, but if you want to make an omelet you have to break a few eggs, and what medical procedure is without risk? A few wrongful deaths are the price of glorious autonomy, or at least an illusion of autonomy. But the choices legalized by assisted suicide may end up belonging to others, not to the patient. No one should have to look over their shoulder at their grandchild and it’s hard for physicians to know what is going on at home. It is a bad joke to think that two overworked clinicians will reliably detect all the influences at work on the suicide applicant, especially since the autonomy mantra can even exclude notifying and questioning the family.

Another great bait-and-switch was the smooth assurance that government authorized killing and suicide would be rare – that it would be limited just to those horrid dying-in-pain cases that no humane person could object to ending quickly. Now the adult, mentally competent, terminal, physically ill suicide candidate is to be joined by children, and incapable demented people, and people who are nowhere near dying (that’s their problem), and psychiatric patients.

On January 15, 10 days ago as I write this, our Supreme Court dished up another illogical stew by pretending to respect our existing criminal law while granting Parliament another four months to write a new criminal law containing assisted suicide guidelines. In the meantime, our reckless Court gave the green light for

individuals to be killed or assisted in suicide without scrutiny by such not-yet-created guidelines. By allowing assisted suicide to proceed without the rigorous legislative protocol the judges had once claimed would be necessary to prevent wrongful deaths, a majority of our Supreme Court seemed to ignore its own advice in the reasoning of the *Carter v. Canada* case.

In the actual *Carter* judgment, the unanimous Court wrote that for the Court itself to create a “complex regulatory regime” ...“would create uncertainty, undermine the rule of law, and usurp Parliament’s role.” “Complex regulatory regimes are better created by Parliament than by the courts.”

That reasoning went out the window for the five judge Supreme Court majority that waved through Quebec’s system, under which at least one person has been killed since December 10, 2015, even though Quebec as a province has no role to play in altering the *Criminal Code*, a minor obstacle it solved by simply instructing Quebecois prosecutors to ignore the federal law.

And so the ramshackle freight train gathers speed, its loaded oil tanker cars lacking their brakes, for who wants brakes when the innovators are itching to get the train moving, and what could go wrong?

Dr. Will Johnston practises full service family medicine and obstetrics. He is the Chair of the Euthanasia Prevention Coalition of BC and Board President of Canadian Physicians for Life.



Founded in 1975, we are a non-profit, charitable organization of Canadian physicians dedicated to the respect and ethical treatment of every human being, regardless of age or infirmity. We are pro-life physicians, retired physicians, medical residents, and students dedicated to building a culture of care, compassion, and life.

PO Box 65136, RPO Merivale,
Nepean, ON K2G 5Y3
1.855.239.0622
info@physiciansforlife.ca