

Response to CPSO consultation on MAID

We believe that the draft policy document for MAID is unreasonable (at s.2a) in the demands it makes of those physicians who have a conscientious objection to assisted dying, specifically the requirement for effective referral (as set out in the College's Human Rights in the Provision of Health Services policy). We do not believe that it justly balances the right of the patient to access care with the right of the physician to refuse to supply it on the grounds of conscience.

It cannot be right to oblige a physician to refer a patient (directly or 'effectively' - there is no moral difference between the two) to another who will administer treatment which the physician believes is adverse to the patient's needs.

In such situations, we commend the stance adopted by the UK General Medical Council (in 'Personal Beliefs and Medical Practice') where physicians who conscientiously object to providing a particular service are required respectfully to tell a patient that they do not provide that treatment or procedure and to ensure that the patient has enough information to arrange to see another doctor who does not hold the same objection. 'Effective referral' is not required as long as the patient has access to that information and can reasonably be expected to access the care they seek.

We would also respectfully draw to your attention the updated and recently published World Medical Association Code of Medical Ethics that takes much the same stance as the GMC: 'The physician must immediately and respectfully inform the patient of this objection and of the patient's right to consult another qualified physician and provide sufficient information to enable the patient to initiate such a consultation in a timely manner.' (<https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>)

As it stands, the draft policy fails to take sufficient account of the moral harm or injury suffered by the objecting physician. The concept of moral harm in healthcare settings is now well established - see, for example, Koenig HG, Al Zaben F. Moral Injury: An Increasingly Recognized and Widespread Syndrome. *J Relig Health*. 2021 Oct;60(5):2989-3011. doi: 10.1007/s10943-021-01328-0. Epub 2021 Jul 10. PMID: 34245433; PMCID: PMC8270769.

We contend that making 'effective referral' a requirement is unjust and unnecessary, and out of step with legislation in other jurisdictions.