



STANDARDS OF PRACTICE

Conscientious Objection

Under Review: Yes

Issued By: Council: January 1, 2010 (*Moral or Religious Beliefs Affecting Medical Care*)

Reissued by Council: June 1, 2016 (*Conscientious Objection*)

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a “G” throughout this document.

PREAMBLE

CPSA recognizes that regulated members have the right to limit the health services they provide for reasons of conscience, cultural belief or religion. Regulated members are expected to act in their patients’ best interest by providing enough information and assistance to allow them to make informed choices for themselves.

Regulated members limiting the services they provide to patients for reasons of conscience, cultural belief or religion should do so in a manner that respects patient dignity, facilitates timely access to care and protects patient safety.¹

The purpose of this standard is to outline expectations for regulated members in balancing the ethical dilemmas that occur when one’s beliefs and ethics conflict with the ethical beliefs of one’s patients.² These expectations accommodate the rights of objecting physicians to the greatest extent possible, while ensuring that patients’ access to healthcare is not impeded.³

STANDARD

1. A regulated member **must:**
 - a. communicate promptly and respectfully about any treatments or procedures they decline to provide based on reasons of conscience, cultural

¹ From CPSS’s [Conscientious Objection](#) policy (Nov. 2020).

² From CPSP’s [Conscientious Objection to Provision of Service](#) policy (Nov. 4, 2019).

³ From CPSO’s [Professional Obligations and Human Rights](#) policy (Mar. 2015).

Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or who is required to be registered as a member of this College. CPSA regulates physicians, surgeons, osteopaths and physician assistants.
- “Must” refers to a mandatory requirement.
- “May” means that the physician or physician assistant may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

belief or religion;⁴

- b. provide accurate and unbiased information about **established conventional medical**⁵ options that may be available or appropriate to meet patients' clinical needs or concerns;⁵
- c. continue to provide care unrelated to the treatment or procedure to the patient until services are no longer required or wanted by the patient⁶ or care is transferred to another regulated healthcare professional in accordance with the **Transfer of Care** standard of practice;
- d. document the interactions and steps taken in the patient's record, including details of any refusal and any resource(s) to which the patient was offered access;⁶
- e. ensure timely access to:
 - i. a regulated member who is willing to provide the medical treatment, service or information; or
 - ii. a resource that will provide accurate information about all available medical options; and
- f. proactively maintain an **effective referral** plan for the frequently requested services they are unwilling to provide.⁵

2. A regulated member **must not**:

- a. withhold information about the existence of a procedure or treatment that conflicts with their conscience, cultural beliefs or religion;
- b. impede access to care for existing patients, or those seeking to become patients;⁵
- c. expose patients to adverse clinical outcomes due to a delayed **effective referral**;⁷
- d. promote their own morals, cultural or religious beliefs when interacting with patients, in accordance with the **Boundary Violations: Personal** standard of

Commented [CD1]: Removed direct reference to Charter to include cultural beliefs (Charter still referenced in footnote) based on feedback from Indigenous Advisory Circle on 2023 MAID consultation.

Commented [CD2]: From **CPSNS**: ensures patients are aware of all their options.

Commented [CD3]: From CPSM: ensures documentation of conversations for accuracy.

Commented [CD4]: Based on initial feedback received, the term 'effective referral' will be removed from the **Conscientious Objection** standard. Those that provide feedback during the consultation period will be consulted again during the re-consultation phase and see additional edits before final approval.

Commented [CD5]: From CPSNS: makes providing information consistent and efficient.

Commented [CD6]: From CPSNS: ensures patient care is not hampered.

Commented [CD7]: Based on initial feedback received, the term 'effective referral' will be removed from the **Conscientious Objection** standard. Those that provide feedback during the consultation period will be consulted again during the re-consultation phase and see additional edits before final approval.

Commented [CD8]: From CPSO: reduces risk of harm to patients.

⁴ Canadian Charter of Rights and Freedoms, Part I of *The Constitution Act*, 1982.

⁵ From CPSNS's *Obligations for Services for Patients* Professional Standard (May 27, 2022).

⁶ From CPSM's *Good Medical Care* Standard of Practice (Mar. 19, 2021).

⁷ From CPSO's *Professional Obligations and Human Rights* Policy (Mar. 2015).

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practice,⁵ or

- e. express personal moral judgments about the patient's request or choice.⁵

Commented [CD9]: From CPSNS: also acknowledges requirements of CPSA's *Boundary Violations: Personal* standard.

Commented [CD10]: From CPSNS: ensures respect for patient.

GLOSSARY

Established conventional medicine: refers to the type of treatment, diagnostic analysis and conceptualization of disease or ailment that is considered “mainstream” medicine. This type of medicine is generally provided in hospitals and specialty or primary care practices. It is sometimes also referred to as “evidence^G-based.”

Evidence: rigorous, peer-reviewed clinical research that supports a claim and/or service.

RELATED STANDARDS OF PRACTICE

- [Boundary Violations: Personal](#)
- [Code of Ethics & Professionalism](#)
- [Conflict of Interest](#)
- [Informed Consent](#)
- [Medical Assistance in Dying](#)
- [Practising Outside of Established Conventional Medicine](#)
- [Transfer of Care](#)

COMPANION RESOURCES

- Advice to the Profession documents:
 - Conscientious Objection (TBD)
 - [Boundary Violations: Personal](#)
 - [Conflict of Interest](#)
 - [Informed Consent for Adults](#)
 - [Medical Assistance in Dying](#)
 - [Practising Outside of Established Conventional Medicine](#)

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