



CANADIAN PROFESSIONAL ASSOCIATION
FOR **TRANSGENDER HEALTH**
ASSOCIATION PROFESSIONNELLE CANADIENNE
POUR **LA SANTÉ TRANSGENRE**



For immediate release

RELIGIOUS BELIEFS MUST NOT INTERFERE WITH PATIENTS' RIGHTS TO ACCESSIBLE HEALTH CARE

The following statement is issued jointly by the Canadian HIV/AIDS Legal Network (“Legal Network”), the Canadian Professional Association for Transgender Health (CPATH) and the HIV & AIDS Legal Clinic Ontario (HALCO). Comments can be attributed to Richard Elliott, Executive Director, Canadian HIV/AIDS Legal Network, Nicole Nussbaum, Past President, CPATH, and Ryan Peck, Executive Director, HALCO.

TORONTO, January 18, 2019 — The Canadian HIV/AIDS Legal Network, the Canadian Professional Association for Transgender Health (CPATH) and the HIV & AIDS Legal Clinic Ontario (HALCO), are jointly intervening in a landmark case before the Court of Appeal for Ontario regarding whether doctors can put their personal religious beliefs ahead of patients’ rights to health care. The case will be heard on Monday, January 21 and Tuesday, January 22, 2019.

A number of physicians are arguing that the *Canadian Charter of Rights and Freedoms* gives them a legal right to refuse to provide their patients with meaningful access to lawful and often medically necessary health services on the basis that providing such health services does not align with their personal religious beliefs. A ruling by the Ontario Superior Court of Justice (Divisional Court) rejected these arguments in a decision just last year. Currently, the College of Physicians and Surgeons of Ontario requires that if a physician objects to a certain medical service because of their religious beliefs, they must provide an “effective referral” to another practitioner who is willing to provide that service. **This obligation is already the barest minimum that should be required of physicians.**

To allow physicians to put their religious beliefs ahead of providing or ensuring non-discriminatory and dignified access to health care for their patients is wrong and disregards the fundamental principle of patient autonomy. It will also be a legal licence to discriminate, jeopardizing access to care for vulnerable populations that already encounter stigma and discrimination in the health care setting. Women, LGBTQ people, people living with HIV, people who use drugs, and people living with disabilities, among others, would be most seriously affected by any denial or delay in obtaining care. In some parts of Canada, including Northern and

remote areas and smaller centres where doctors and other health care providers may be in short supply, providing an “effective” referral to a doctor who is reasonably accessible to the patient may be very difficult or even impossible, thereby creating further barriers to access.

Simply put, personal religious beliefs should not trump meaningful access to vital medical care As interveners in this hearing—which will have an impact on Ontarians’ access to care and could have ripple effects across Canada—the **Legal Network, CPATH and HALCO will advocate for some of the most marginalized communities to have adequate and full access to the care they need and deserve.**

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