

# FOCUS

Faith And Practice

A Christian Medical and Dental Society Publication

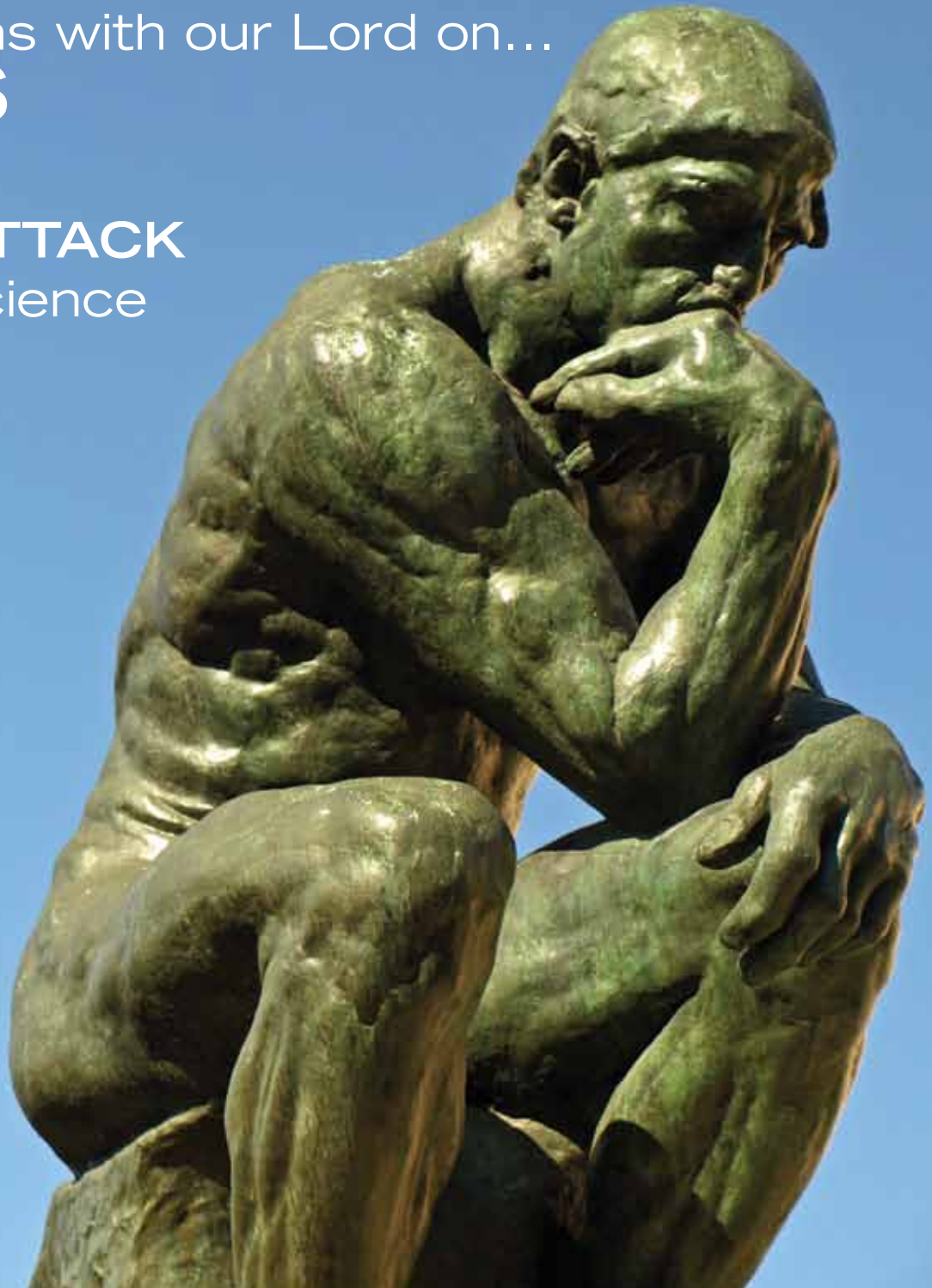
Volume 29 Issue 3

## On the Road to Emmaus: Discussions with our Lord on... **ETHICS**

### Ending the **ATTACK** On Conscience *Dr. Edward Tingley*

### **ETHICS** & the Emperor's New Clothes *Dr. John Patrick*

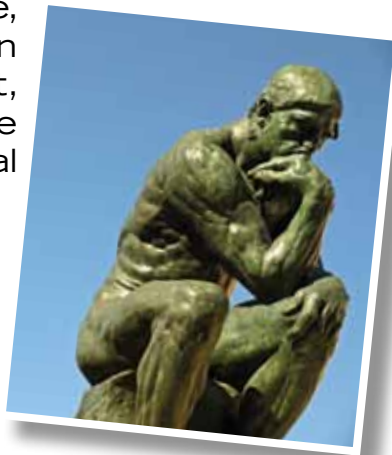
"Didn't our hearts burn  
within us as he talked  
with us...?"



Our cover image for this issue of FOCUS portrays Auguste Rodin's statue of

### **"The Thinker".**

This statue can be seen at the Musée Rodin in Paris. The image, often associated with philosophical or ethical debate, portrays a man deep in thought, wrestling with some type of internal struggle.



## Letters to the Editor

I have just received the new issue of FOCUS. The new format is excellent. Congratulations.

**Dr. Paul Roberts,  
Toronto ON**

Your most recent Focus on Missions was excellent and a challenge to me in regards to my own outreach to a very sad and dying world.

**Dr. Don Harrison,  
Kitchener ON**

We would appreciate your feedback on the articles in FOCUS. Please address your comments to "Letters to the Editor" at the CMDS National Office. Send a letter, fax or email to:

Letters to the Editor  
CMDS National Office  
246B Main Street  
Steinbach MB R5G 1Y8  
Fax: 204.326.3098

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For both of these retreats, go to [www.cmdscanada.org](http://www.cmdscanada.org) to register

# FOCUS

Fall 2009

## What's Inside:

### The Road to Emmaus (Luke 24:13-32 from The New Living Translation)

*That same day two of Jesus' followers were walking to the village of Emmaus, seven miles from Jerusalem. **As they walked along they were talking about everything that had happened. As they talked and discussed these things, Jesus himself suddenly came and began walking with them.** But God kept them from recognizing him ... By this time they were nearing Emmaus and the end of their journey. Jesus acted as if he were going on, but they begged him, "Stay the night with us, since it is getting late." So he went home with them. As they sat down to eat, he took the bread and blessed it. Then he broke it and gave it to them. **Suddenly, their eyes were opened, and they recognized him.** And at that moment he disappeared! They said to each other, "**Didn't our hearts burn within us as he talked with us on the road and explained the Scriptures to us?**"*



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### FOCUS EDITORIAL POLICY

FOCUS, Faith and Practice Magazine  
Is a publication of the Christian Medical and Dental Society of Canada. CMDS has a Statement of Faith that holds to an orthodox Christian understanding of Jesus Christ and essential Biblical truths.

Our readers are students, practitioners, retired healthcare professionals, and others who are concerned with contemporary issues relating to Christianity and healthcare.

The purpose of FOCUS  
...is to act as a forum in which Christian healthcare professionals may exchange information and experiences, and to encourage one another in the integration of "faith and practice."

Our full editorial policy can be viewed on-line at  
<http://www.cmdscanada.org/focus>

# PRACTICAL ETHICS

By Dr. Dan Reilly

It was a delight to be guest editor for this FOCUS on Ethics. I realize for many, ethics tends to either induce sleep or a desire to flee. That is because most physicians have encountered ethics only as an abstract branch of philosophy. The Ph.D.'s who teach ethics dwell on cases none of us will ever encounter. And their moral relativism means there is never a right answer. Ask an ethicist for an opinion and you will get three.

The Ph.D. theoretical stuff is important, the way basic sciences are important to medicine. But I am neither a basic scientist nor a philosopher; I am a clinician and surgeon. The side of ethics that turns my crank is far from abstract and fuzzy. I would define ethics as merely application of worldview to practical questions of how we ought to behave. Ethics is to worldview what engineering is to math and physics. Engineers ask "given our understanding of the physical world how do we build a safe bridge?". Ethics asks questions like "given our understanding of the physical / metaphysical world is it ok to tell a lie?". Ethics is the bridge I travel as I move from what I believe about the world to how I behave in the world.

**"There is no neutral ground in the universe; every square inch, every split second, is claimed by God and counter-claimed by Satan" – CS Lewis**

As Dr Patrick points out, the first step to getting your ethics right is getting your worldview right. Getting your worldview right means lots of time spent in scripture and prayer (see Dr Korvemaker's article), time spent reading and listening to good Christian thinkers (thank-you Dr Tingley). We need to see the world as Christ sees the world before we can consistently act as He would have us act.

As Lewis and Kuyper remind us, there are no neutral decisions. Every choice we make has moral implications and so ethics is part of being alive and human. In this issue we explore questions of how we use time and money (Dr Tigchelaar's article), prenatal genetic screening (my article), and whether to prescribe birth control to unmarried patients (about which Dr Patrick and I disagree).

I hope you find these articles helpful as you work towards a Christian worldview and Christian actions in every aspect of your life.



Dr. Dan Reilly is the guest editor for this edition of the FOCUS Magazine. Dan, his wife Beth, and their son Stephen, make their home in Fergus, ON.

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Canada  
246B Main Street  
Steinbach, MB R5G 1Y8  
Tel: 204.326.2523  
Fax: 204.326.3098  
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Email: [communications@cmdscanada.org](mailto:communications@cmdscanada.org)  
[www.cmdscanada.org](http://www.cmdscanada.org)

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Canada  
246B Main Street  
Steinbach, MB R5G 1Y8  
Email: [office@cmdscanada.org](mailto:office@cmdscanada.org)

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**"In the total expanse of human life there is not a single square inch of which the Christ, who alone is sovereign, does not declare, 'That is mine!'" – Abraham Kuyper**

# Ethics

## and the Emperor's New Clothes

By Dr. John Patrick



Ethics is understood in the University as a purely rational activity without any discussion of what is meant by moral rationality. This is a foolishly reductionistic approach. It is neither patient-centered nor culturally sensitive. If it were patient-centered and culturally sensitive it would have to engage primarily with traditional Judeo-Christian ethics because this is what StatsCan finds to be the predominant belief system. No one is claiming that this should be the dominant position but it must be honored and seriously engaged. **Why is it that ethics is taught as though all our patients were materialists and utilitarians who, for good measure, are also presumed to be tacitly atheistic Darwinists?** A January 2009 article in the lancet illustrates this point; Persad et al. argued for better principles for the ethics of allocation of limited resources without any mention of how a patient's beliefs should be engaged, neither did they reference any discussion of the topic of faith and the utilization of resources. Ethics is taught today as though, if I were running a course in internal Medicine, I gave six lectures on Acrodermatitis Enteropathica and one on Diabetes. I would be removed from the course and barred from teaching and required to take remedial training because my interest in an extreme rarity had displaced a proper grounding in a major disease. Ethicists however, do an analogous thing in failing to recognize that, particularly at the end of life, most people are religious; the only difference is that they are tolerated.

**“It is in the nature of a liberal democracy to discourage any discussion of the nature of a liberal democracy”.** Iris Murdoch

For those who have been brainwashed into the belief that there are millions of atheists out there, here is the Canadian data. In 2001, from a population of 29.6 million: 12.9 million were Catholic, 8.7 million were Protestant, and another 1.3 million were other Christians. No other group (including faithful atheists) reached 0.6 million, except the ‘don't know’ group at 4.9 million. This means that 77% were Christian. However, even within the Christians there is considerable ethical diversity.

How can it be possible to have a unitary rational ethics in a society without agreement about what constitutes moral rationality? Here is Alaisdair MacIntyre's acerbic challenge;

Some say, “I cannot will that my mother should have had an abortion when she was pregnant with me.... But if I cannot will this in my own case, how can I consistently deny to others the right to life that I claim for myself?” I cannot “break the so-called Golden Rule,” and so I must deny “that a mother had in general a right to an abortion.”

But others say, “Everybody has certain rights over his or her own body.” To demonstrate this we need merely show that no one else “has a right to interfere with the implementation of our own desires about our bodies. It follows that at the stage when the embryo is essentially part of the mother's body, the mother has a right to make her own un-coerced decision on whether she will have an abortion or not.”

There is no consensus on a moral rationality that will resolve this dilemma and herein lies our problem. At present there are many who do not recognize this reality

and say all you need is for everyone to be rational. But both sides in MacIntyre's example claim to be rational. How is that possible? Very easily. Just start from different premises. If you believe that life is created and human from conception you will logically agree with the first position. If you deny a creator and have only utilitarian considerations the second will be your position. It is the person who uses the word bigot who usually turns out to be the bigot refusing to seriously consider the alternative position.

It therefore follows that the best we can hope for is some real sympathetic engagement between the different positions. The presumption that only post-Enlightenment rationalists are truly rational cannot be so defended. It is unconscionable hubris. If one believes in an orthodox Judeo-Christian conception of God then there is a great deal of ethical agreement possible between orthodox Jews, traditional Catholics and various groups of Protestants, particularly with end of life decisions, abortion (not the Jews) and sexual ethics. If on the other hand, as a modern liberal, freedom, equality and tolerance are believed to be a sufficient base for ethics, then an entirely different set of ethical norms emerges. The problems begin to arise when someone asks why they should be tolerant and no reason can be given other than it would be nice and generous to be tolerant. However, hopefully there are still folk who are totally intolerant of, say, child abuse. Now for the Christian theist it is easy to say that all humans are made in the Image of God and therefore they ought to be respected. The most radical of the moderns are willing to send me to jail if I say I do not think homosexuality should be publicly affirmed. Tolerance has already bowed the knee to libertine sexuality. The modern position is easy to accept if one denies any objective moral truth and they do but that is also a tacit rejection of God as anything more than a personal foible. Here is an expression of his hubris.

“Morality... is merely an adaptation put in place [By the evolutionary process] to further our reproductive ends... In an important sense, ethics as we understand it is an illusion fobbed off on us by our genes to get us to cooperate.” (EO Wilson and M Ruse)

In other words, the presumption is tacit atheism because there is no cause beyond our DNA, which is acceptable. First causes are put aside without any argument to show why they should be. However if my faith is just a personal foible then is not the modern position also just a personal foible? The rub is that one of the two must be true. As Pascal showed several centuries ago, the consequences of the two belief systems are very different. If I am wrong and there is no God, I am to be pitied, but I am not unhappy in my delusion and death is the end. I lose nothing. But if there is a God and there is a judgment, then there is an eternity to consider and I would be wise to do so now.

Unfortunately for the students, the tacitly atheistic view is dominant in secular ethics. Most of them will have had the residue of these courses in a very reduced “story”. Their ethics will consist of the “Georgetown Mantra” – which consists of just four principles: autonomy, justice, beneficence and non-maleficence - with no discussion of the ordering of the principles, which justice with beneficence and non-

maleficence in the rear. This is an inversion of our history. As Moses said to the Children Of Israel, their greatest possession was the Torah and its summary in the Ten Commandments. These primarily specify what we must not do i.e. non-maleficence. Our governments traditionally legislated what we could not do – no evil doing; no murder, no theft etc. From that base it is possible to extrapolate to goodness. Jesus takes it furthest with love your enemies. His positive beneficence cannot be legislated; it must be of the heart. Justice is never discussed in the modern world, it is simply demanded. Without some authority above the judge and the legislator, justice is a problematic concept (the brilliant classical description of this problem was given by Arthur Leff at Duke in 1979, would that all our students were required to read it). In the opening paragraph he describes the modern problem. “I want to believe and so do you”, says Leff, “in a transcendent and immanent law, findable rules which direct us how to live our lives righteously”. He wants a law from God so that the judges can be controlled. For our safety we need judges who fear the judgment of God on them. Only God and a transcendent law can do that. Leff goes on ... “but I also want to believe no such thing but rather that we are wholly free to decide for ourselves what we ought to be and what we ought to do”. His brilliance, however does not allow him to stop there. He continues, “What we want, heaven help us, is to be perfectly ruled and perfectly free, that is at the same time to discover the right and the good and to invent it”. He didn’t say it but he knew that no one could have both. True freedom is only possible within a framework of law if it is not to degenerate into license and anarchy. But with our judges making the law to suit themselves they will become increasingly our predictably inept masters and we will not be free. Ask the Russians what it was like!

The soft virtues of tolerance and undefined freedom will not support the moral weight they are being asked to bear. It is time to rethink. The emperors are our Supreme Court judges and their new philosophical clothes will leave them naked. When Beverly McLaughlin said that any one who disagreed with the court on same sex marriage was suffering from residual prejudice she had taken off the weight of an argument and replaced it with see through rhetoric.



Dr. John Patrick retired from the University of Ottawa in '02. He now lectures throughout the world on moral issues in medicine and culture, and the integration of faith and science. His recommended book is “For the Glory of God” by Rodney Stark - Princeton Press.



# Ending the ATTACK on

By Dr. Edward Tingley

# CONSCIENCE

It is easy to see the issue of conscience rights as an appalling affront to the religious – easy to vent righteous anger at ‘them’, the agents of oppression, whose persecution of the faithful will have to be stopped. There is something right about that, but also something misguided, mistaken even. Are these rights being taken from the religious? Are we saying you have to be religious to claim rights of conscience? Those we are inclined to call ‘them’ will just rub their hands in glee at the prospect of Christians counter-charging professional-conduct regulations with cries of persecution. Why? Because that response will let the attack on conscience win.

Some might suspect me of saying that for tactical reasons we should be closet Christians: ‘How wrong!’ they will say, ‘We should make the religious defence all the more loudly!’ Others will think I am just talking ‘strategy’. But I am doing neither. I am getting at a problem of understanding.

**It is misunderstanding that has generated the challenge to conscience rights in the first place.**

*Unless that misunderstanding is corrected* our efforts will be frustrated by the shared confusion of Canadians, who will side with the challengers. And the more our response is that ‘Christians must obey God’ the more we will leave that confusion undisturbed. Let me identify the problem of understanding that is blocking not our way but the way of what is good.

□

The challenge to conscience rights over abortion is not really a challenge to conscience rights, because it is coming from people who believe in conscience rights. In 2008 Dr. Henry Morgentaler – once called the “doctor who couldn’t turn away” – was granted the Order of Canada, the highest honour in the land. Why? Not for the embryos he has destroyed since the 1960s (as pro-choice people constantly remind us, no sane person sees the abortion itself as a good) but for defending his belief, as he did publicly in 1967 before the Government of Canada, that a pregnant woman should

have the right to a safe abortion. He was honoured not for the abortions he performed but for stalwart adherence to his conscience, which left him “firmly convinced,” he said, “of the moral rightness of my course of action,” even when the police were at the door.<sup>1</sup>

Dr. Morgentaler was honoured for being a *morally-driven conscientious objector* at a time when it had not been demonstrated that the illegality of abortion was wrong, at a time when he was *out of step with public sentiment*, and at a time when *the law stood against him*, these things constituting the conditions for objection. To be an objector there has to be a norm, a generally accepted position on what is right, to which you object. That the Governor General gave the award was itself tantamount to conscientious objection, since when it was given last year only 33% of Canadians supported the unrestricted abortion Dr. Morgentaler defends.<sup>2</sup> Yet this man’s career of conscience-driven activity was accorded the highest recognition this country can bestow.

Everyone believes in rights of conscience. And if rights of conscience are not based on “religious or moral beliefs”<sup>3</sup> then there are none: disconnect those beliefs and goodbye rights of conscience.

□

Some will now conclude that this debate is not a challenge to rights of conscience; it is a challenge to religion: a challenge to claims of conscience whose source is religion. In a sense, yes, but it is important to see that that challenge is really a ‘feint’ – a fencing term for a feigned attack designed to put the defender into a posture of vulnerability. The challengers have launched a move to guarantee abortion in Canada by luring physicians and their supporters to argue about religion in the eyes of the Canadian public. We have lost that battle before and we will lose it again if we choose to fight one more high-profile contest as a challenge to religion. It is not a challenge to religion; it is a gross confusion about what rights of conscience are.

Arguing for religion as a basis of medicine is well worth

doing, but when people's careers are on the line and when innocent lives hang in the balance, handier tools of rescue would be nice to have. Well they are there.

We should be turning to look at the nature of rights of conscience and what it takes to grant them – a topic that has been strangely scarce in this dispute.

□

Here is the argument that started this debate. Religiously motivated doctors are refusing to refer patients seeking abortions: *they are letting their own faith-based stand on morals block the timely recourse of their patients to legal medical procedures that are within the current professional "standard of care"*. In 2006 a CMAJ guest editorial stated, "Physicians must not withhold information" when providing such info "conflicts with their religious or moral beliefs.... Health care professionals who ... fail to provide appropriate referrals ... are committing malpractice and risk lawsuits and disciplinary proceedings."<sup>4</sup> The same challenge surfaced in proposals considered by the College of Physicians and Surgeons of Ontario<sup>5</sup> and of Alberta,<sup>6</sup> in the move to rescind U.S. Department of Health rules "to protect the conscience rights of all individuals participating in health care services,"<sup>7</sup> and recent articles in prominent medical journals, like the NEJM's "Conscientious Objection Gone Awry: Restoring Selfless Professionalism in Medicine."<sup>8</sup> It is "religious beliefs" that are often singled out as the foreign body in professional life.

At this point many religious doctors launch into vigorous defence of 'God's word is my command', an assertion that I am most happy to echo. But the defenders of abortion who prompt this response have us defending the supremacy of God's word – one of religion's most challenging ideas – in the eyes of the profoundly liberal Canadian citizenry. We should not let the decision of whether doctors have rights of conscience hinge on whether we can convince the Canadian public that the demands of religion really make sense. Convince people of that and they are half converted. The decision of whether doctors have rights of conscience cannot hinge on whether we can convert the Canadian public. To do that is to ignore the problem, which is that people talking about conscience rights have not stopped to examine what they are talking about.

□

People who call what pro-life physicians are doing "conscientious objection gone awry" are quite evidently not against conscientious objection; they are against conscientious objection *gone awry*. Presumably they accept conscientious objection to military service in time of war, since that is the most standard application of that concept. Well, how is that right granted?

It is granted by looking at the *nature of the issue* and the *status of the argument* the objector can make in defence of non-involvement, not the *source of his hesitancy*. Just where does the conscientious objector get his compunctions from: religion? a voice in his head? We don't ask: it doesn't

matter: it is the nature and cogency of the reservation that count.

□

Most people are agreed that killing an aggressor in war is not wrong – but still the conscientious objector is understood to have a right of conscience to which he can appeal, to avoid doing such killing. Why? You just can't force a person to kill against his conscience. What must kick in to grant people the right to refuse wartime service is the fact that what they are asked to do is to kill their fellow man, or play a part in such killing (if it is wrong for you to do it then it is wrong to play a part in getting someone else to do it in your place). The *degree or quality* of the wrong is plainly an issue here.

Notice something else. We don't reach the conclusion that people possess a right to refuse military service by first resolving the debate that stands between the defender of force and the pacifist. Anyone who has listened to an articulate pacifist can agree that the case for pacifism has a lot going for it, but however sound his argument is, we mostly rate it inferior to the case for forceful defence. The pacifist has *not demonstrated* the wrongness of killing in war, nor has he *won our respect by the matching force of his argument*, since his argument doesn't sway us. Yet we recognize the right of the conscientious objector to abstain from killing – for two reasons.

It matters that there is a *case for pacifism*, that the pacifist's argument is not, 'I just don't want to' or 'A voice in my head says No!' If it were just "individual morality," a kind of personal-reluctance-with-no-articulable-support – the kind of thing people oddly suppose is driving pro-life doctors<sup>9</sup> – I don't believe we *would* recognize the pacifist's objection. But morality is never individual, a point that seems lost on these critics of moral objection (who appear to be hazy on the nature of both conscience rights *and* morality, the two things most central to this debate). Moral rather than personal objection typically brings "values arrived at over centuries of accumulated learning and teaching and debate to the public square for public consideration ... in the name of the common good."<sup>10</sup>

That there is a respectable case to be made for pacifism, which is not mere personal reluctance, is part of it. The other part is the gravity of the deed at issue: causing people to die. We grant conscience rights to the pacifist because we understand that it might injure a person deeply to require him to kill a fellow human being when he recoils from it. There are certain things, related to universal prohibitions we all understand (the killing of people), that it is wrong to make a person do against his will.

Those are the things that conscience rights rest on. Religion (which may or may not play a role) was not mentioned. And notice how little you have heard about these things in the current debate.

□

Now back to the opening gambit: *Religious doctors are letting their own particular stand on morals block the recourse of their patients to legal medical procedures that are within the standard*



of care. 'Particular stand' aside, that is true, but there is nothing in that that offends the principle of conscience rights because *if conscience rights applied here*, that is exactly what they would justify. We can say the same thing about conscientious objectors in wartime, *who are letting their own particular stand on morals absolve them of a responsibility we are all agreed is essential to public welfare*. The whole point of the principle of conscientious objection is to say that these things that look very bad to many of us are in fact OK. The whole point of the principle is to say that though people (the majority, the general public, the people in charge) do not agree with the objector's stance, the objector has a right.

*But he has to make a proper case.* That is one of the things that the debate framed to focus on the source of claims of conscience blithely ignores – but it is pivotal. Dr. Julie Cantor warns in the NEMJ that, "if the overriding consideration were individual conscience" then tolerating "a surgeon who holds moral objections to transfusions ... might well be permitted" – because once you grant individuals a virtual religious veto then you have "a rule that knows no bounds": you wind up in "a state of 'conscience creep' in which all behaviour becomes acceptable."<sup>11</sup> But that scenario has nothing at all to do with conscience rights because you don't get such rights by asking for them, or playing the religion

card, or pointing to the source of your reservations. You have to show that there is *some reasonable doubt* about the rightness of transfusing patients in the O.R. – and a Jehovah's Witness surgical nurse cannot show it, cannot inspire Canadians with any reservation whatever about transfusions. We are in resounding national agreement that they are altogether right.

Look at what it takes to justify accepted rights of conscience and you will see how the standard considerations support abstention from abortion. To decide whether a person can claim such rights you weigh *the cogency of the argument that wrong is done and the gravity of the wrong at issue*. But people seem led, by their own personal conviction that abortion is right, to ignore this – to think, simplistically, that what is not wrong, or what is even clearly right (like military defence), just cannot be avoided; you must do it; and you can be forced to. They seem to be led, by their own fierce moral allegiances, to forget just what the most standard rights of conscience do, which is exactly and precisely to allow people, in certain special cases, not to participate in what the majority even thinks is right.

□

What is driving this challenge to conscience? Not any position on conscience rights.

*I have not heard anyone in this debate declare himself against rights of conscience because – in pleasant, tolerant Canada especially – no one is.*

What people have rejected is abstention from abortion. Their reason for doing so (the belief that every competent health-care worker is obligated to provide all legal services recognized by the medical establishment) cannot threaten the principle of conscientious objection since it says not a single thing against it.

In almost every case what the people *not* defending rights of conscience in medicine are doing has nothing to do with rights of conscience; it has to do with *abortion*. But they do not want to argue about abortion: arguing about religion is working much better. What these people are against is the shrinking of abortion services that they believe should be accessible to everyone – but they do not want to tackle the arguments needed to show that their so-called 'reproductive justice' is truly just.

The people advancing these regulations don't want to prove that no injustice is done to the destroyed fetus. They don't want to explain why we should honour the individual beliefs of every Canadian patient ('In my personal philosophy the creature in my womb is not human, so I need a health procedure to remove it') at the same time as we *ignore* the beliefs of individual physicians, technicians, and med students. They don't want to make the case that abortion is truly what women need or that unlimited access to abortion is good for society.

Instead, they would rather hint darkly at future punitive action for non-referral and sit back as Christians rush to defend conscience rights for the religious. They don't need to say a word in this debate: they can just relax and enjoy the general misapprehension that 'moral rights of conscience' or 'rights of conscience in medicine' are wild new ideas cooked up by a fanatic fringe. And what they need you to do is to behave like that fringe.

If you oblige –

if, in the way you defend rights of conscience, you manage to colour the principle of conscientious objection, in the eyes of the Canadian public, as a principle of religion – then you can watch the ground that currently and solidly supports you crumble away.

Do not oblige. Do not be manipulated into distorting the notion of rights of conscience, so that it can then be trashed to secure abortion services.

Instead, write a letter to every health administrator and med-journal editor who rattles the disciplinary sabre and explain to them, ever so calmly, what rights of conscience do and how they apply.

What they do is *protect those who object to the norm, the standard*. And they apply when (1) a cogent claim can be made that (2) grave wrong is done. The case for claiming that (2) the death of the creature in the womb is what abortion always intends is irrefutable; at the same time, (1) that the creature in the womb is an innocent human being is the most straightforward and obvious position that this entire debate affords. Show people that when they apply the standard conception of conscience rights (which does not rest on religion) the case for unpunished abstention from abortion services is fully made.

□

The issue here is not religion, but ultimately it is not abortion either – there is, sadly, a lot more at stake than this. If the fog that is now sustaining the debate over rights of conscience in health care is not dispelled, more trouble is coming.

What this abortion-driven confusion has already accomplished is to move Canadian minds a few strides closer to the Brave New World, and if we injure the support for rights of conscience, that world will be ours sooner than we think. In September a *Newsweek* cover story made “The Case for Killing Granny,” nudging geriatric medicine ever closer to euthanasia. If euthanasia arrives, as needed relief from soaring health costs, then, as we claim rights of conscience to avoid killing people (people whom no one doubts are truly people), we will be having this discussion all over again – *if we are lucky* – if the profession has not been permitted to think that we have ‘already had this debate, over abortion, and conscience lost!’ So we had better really have it, properly, and in earnest.

Don't count on help from the media entrusted with public education. The media are in the fog with the administrators and will not be made into a 'religious pulpit', which is what they take your response to these 'reasonable disciplinary warnings' to be about. Believe me when I say that the doors of mainstream media are closed even to quietly explanatory efforts like the present article.

The argument will have to be made head to head, person to person, colleague to colleague.

That job falls to those in the medical community who see what there is to discuss (those who see nothing to discuss have folded their hands already). That job falls to you.

Some of your co-workers may have retreated to the sidelines on this debate, because they are not religious and abortion is not an issue for them – so don't talk to them about either. Instead ask them: are they against conscience rights per se? Is there any place, do they think, for rights of conscience in medicine? Put it to them this way. Imagine that euthanizing became standard health care for Alzheimer's sufferers (Baroness Warnock, reputed to be Britain's leading moral philosopher, argued this year that Granny has a “duty to die” to stop “wasting the resources of the National Health Service”).<sup>12</sup> Ask them if they would opt out of that 'health service', claiming rights of conscience to do so – rights protecting them from the professional obligation to kill. You will find them coming over to your side on this issue, if your side is about the issue: the principle of rights of conscience.

Continued on Page 16





By Dr. Sandy Tigchelaar

quietly slipping in to policies that govern clinical practice. Dr. Patrick kindly used the phrase “we’ve been asleep”.

I would say being busy would be a better word from my experience, but the word ‘asleep’ has stuck with me and bothered me. I have been guilty of ‘being asleep’. I have not been able to keep up my reading of the College’s journal ‘The Dialogue’, and I really have not taken part in the fight in protecting my own freedoms to practice medicine as my conscious leads. I am sadly a passive Canadian that has left it to others. I am very grateful for John Patrick who, although he has retired from clinical medicine, continues to battle for me ... for us. Thank you Dr. Patrick! I hope you don’t tire of us passive Canadians who are asleep, but that you’ll continue to try and wake us up before all our freedoms as physicians are gone without a fight.

As I’ve been thinking this over, many Bible stories have come to me and spoken wisdom. The first comes from Matthew 26:36-46 and Mark 14:32-42 at Gethsemane. As Jesus prays before being arrested, sentenced and crucified, his disciples sleep despite his request for them to be awake:

“Could you men not keep watch with me for one hour?” he asked Peter. “Watch and pray so that you will not fall into temptation. The spirit is willing, but the body is weak.” (Matthew 26: 40b-41 NIV)

How could the disciples sleep at a time like this?? Had Jesus not warned them and told them of his upcoming death? Even with repetitive requests from Jesus to stay awake, his closest followers sleep.

Matthew 25:1-30 also replays in my head: The ‘Parable of the Ten Virgins’ and ‘The Parable of the Talents’. In the first parable, the time of the bridegroom’s arrival is not known. Some of the virgins leave to get more oil for their lamps, miss his arrival, and are shut out from the wedding banquet. This parable talks about the importance of preparation. If we as Christian physicians want to continue to practice in an environment that allows us to practice under the guidance of our conscious, we need to be prepared to defend our position. We need to read our college’s journals, pay attention to the rulings of the HRT, and be prepared for a response. Whether that means canceling a clinic and traveling to Ottawa, or supporting a fellow physician who becomes subject to the new policies, by both standing beside, or financially aiding in the legal costs. We need to think about what we can do now while we still have some freedoms left. Once the door shuts, it will be too late to try and reopen it.

# Two Calls to AWAKE!

As an attendee of the 2009 CMDS National Conference in beautiful White Rock, BC, I had the privilege to renew and build friendships and listen to some great speakers on some important topics. One of them being John Patrick’s workshop which was a call to awake to what is going on in the political/ethical realms of Canada.

John Patrick, well known to many members of CMDS for his intelligent scholarship, updated us on medical issues evolving through the hearings of the Human Rights Tribunal (HRT). The people on the HRT are not democratically elected, have their own agendas, and hold a lot of power - so much power that their decisions directly affect how our regulatory colleges create policy. The implications of this relate to physicians ethical right to practice freely, using one’s own conscious to guide practice. Certainly in Ontario, the College of Physicians and Surgeons of Ontario put out a policy statement #5-08 (Dialogue, December 2008) entitled “Physicians and the Ontario Human Rights Code”. This policy suggests the requests of the patient may trump the beliefs of the physician and if a physician doesn’t carry out what the patient demands, the physician may face discipline by the college. Dr. Patrick spoke about the fact that these rulings going on with the Human Rights Tribunal, were going unnoticed and were

In the second parable, there are three servants, each given an amount to invest and care for while the Master is away. The first two servants invest the talents well and the Master is pleased. The third servant puts his one talent in the ground and doesn't invest it to make money for the Master. This angers the Master and the servant is called wicked and what he has is taken away and given to the servant that made the most talents. This reminds us of the work of the Kingdom. The work of the Master (God) has to be our priority. What and how many talents have I been given, have you been given? If our religious freedoms are a 'talent', how can we invest to add to our talents instead of having them taken away? One way we can invest is by signing up on the Hippocratic Registry at [www.hippocraticregistry.com](http://www.hippocraticregistry.com). It is a global registry where you agree to practice by the oath, and allows your name to stand if in the future petitions and support are needed quickly to fight off the threat of losing our rights.

I believe being a CMDS member, and having access to the 2009 conference has been a blessing to me. It is serving as my alarm bell, and now it is time to respond. The call of Mordecai to Esther is a warning that can be extended to us:

"Do not think that because you are in the king's house you alone of all the Jews will escape. For if you remain silent at this time, relief and deliverance for the Jews will arise from another place, but you and your father's family will perish.

And who knows but that you have come to royal position for such a time as this?" (Esther 4: 13-14)

It is time for us to wake up, and get prepared to use the talents God has entrusted to us; for He will ask for an account. God does give us aid and help: Ephesians 6: 10-18.

"Put on the full armour of God so that you can take your stand against the devil's scheme. And pray in the Spirit on all occasions with all kinds of prayers and requests. With this in mind be alert and always keep praying for all the saints (vs. 11 & 18 NIV).

Dr. Patrick is right in saying we've been asleep. The Bible makes it clear that we are not to sleep but to be prepared and invest in Kingdom work. We have a choice.



Sandy Tigchelaar is a family physician on Orillia, Ontario with her husband Tim, an ER doctor. They have three children ages 5, 8 and 10. She has been a CMDS member since 1992. Sandy's recommended reading titles include "The Holy Bible", and "God's Front Door" by Jill Briscoe



***XIV ICMDA WORLD CONGRESS***  
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**THEME:**  
**PRIORITIES IN PROFESSIONAL PRACTICE:**  
**FOR WHOM ARE YOU WORKING?**

# Integrity Matters - Why Bother?

The Hippocratic Registry: [www.hippocraticregistry.com](http://www.hippocraticregistry.com)  
By Dr. John Patrick

It is only a little while ago that most physicians had no worries about their rights to moral integrity. For those who have been paying attention, that is no longer the case. In Australia, Canada, Jamaica, the UK and the US there have been attempts to curtail conscience rights. Even the NEJM published an opinion piece by Julie Cantor arguing that it was time to limit physicians' conscience rights when they conflicted with the legal rights of the patient ([nejm.org](http://nejm.org) April 9, 2009). For physicians who refuse to refer for abortion, both fines and imprisonment have been proposed. Those who object are told to find another job!

The egregious philosophical error underlying these moves is the assumption that law trumps conscience. Those who believe this must also say that there was nothing wrong with the destruction of the Jews by the Nazis because it was legal, as was slavery and the denial of equal rights to women in the past.

**Every Christian physician needs to have a plaque on his desk facing the patient and asking, 'Do you wish you and your family to be cared for by a physician with or without moral integrity?'**

No one wants a doctor without a moral conscience. It therefore follows that, from the most minimal ethics of 'do not do to others what you would not wish done to you', no one has the right to destroy their physician's moral stand.

The problem looming over us like a thundercloud is that we have no agreement about what constitutes moral integrity. Fortunately for us, patient-centeredness comes to our aid. Although most of our patients have not thought about it for a long time, the majority still holds to the Judeo-Christian view of ethics and therefore need a physician who shares those views, especially at the end of life.

The Hippocratic Registry exists to provide a list of those physicians who would accept Hippocrates' key insights as the non-negotiable basis of medical practice: the rational need for doctors to fear judgment after death, the essentially moral nature of medicine, the sanctity of life as a central commitment because medicine requires absolute trust, and finally the right of the physician to his own moral integrity.

The argument is now available online, audio and DVD, from [www.FRC.org](http://www.FRC.org) in Washington DC. As well, Dr. Patrick recently was in Washington and recorded a video on Hippocratic Medicine for the Family Research Council. You can watch it at <http://www.frc.org/familypolicylecture/the-rejection-and-rebirth-of-the-hippocratic-oath>. More materials are available from Augustine College at [www.augustinecollege.org](http://www.augustinecollege.org) and from John Patrick's website at [www.johnpatrick.ca](http://www.johnpatrick.ca).

Ethical standards vary widely today and some would impose their ideas under liberal rationality; the moral conscience of the individual medical student and physician is threatened. The Hippocratic Registry provides physicians and students with an opportunity to reaffirm the ethical principles expressed in the Hippocratic Oath. Join today at no cost by registering through [www.hippocraticregistry.com](http://www.hippocraticregistry.com).

See page 17 for the Hippocratic Oath.

## Can a Christian Physician Prescribe

By Dr. Dan Reilly

What to do when asked by an unmarried patient for contraception that you provide to married patients? I prescribe contraception for harm reduction. God practices harm reduction. In Matthew 19:3-9 Jesus explains that divorce for any reason was permitted under Old Testament law “as a concession to your hard hearts”. Permitting Jewish men to divorce reduced the harm for Jewish women. If abandoned by husband a woman couldn’t marry another to provide for her. The divorce certificate avoided this. Far from ideal but God deemed it appropriate at the time.

*As physicians our kingdom work is the restoration and maintenance of health.*

Optimal health is achieved living in relationship with our Creator and following His plan. With each patient I start by understanding where she is along the path to optimal health and how far we can move today. If ready to hear that sex is best if reserved for marriage we work on strategies for achieving this. I encounter far more patients for whom the discussion is pointless. This is the teen desperate for male affection she feels not worthy of, the young woman whose survival is contingent on the happiness of her abusive boyfriend, or the patient who can’t remember most of last weekend. Each needs a physician who will keep her safer today while building a relationship that gets her further tomorrow.

My blood pressure runs far too high. Like most illness in the developed world this is because of personal and societal sin with a little biological dysfunction thrown in. My doctor could have refused to provide antihypertensives since they would enable me to continue in the sins of greed, sloth, gluttony, and not respecting Sabbath rest, and make him complicit with that sin. But he didn’t. He is keeping me safer while I work on changing my life.

A mix of adrenal dysfunction, ungodly lifestyle, and a medical system poorly constructed cause my hypertension. Most patients are having sex outside of marriage because of hormonal drives, ungodly lifestyle, and a fallen society. Without antihypertensives I am at risk of heart attack and stroke. Without contraception patients having sex outside of marriage are more likely to face escalated domestic abuse, abortion, mental health issues and economic consequences from unintended pregnancy.

By Matthew 19 God’s people had come far enough in understanding marriage to be challenged to pursue a higher standard and the old accommodation of the divorce certificate was no longer needed. I hope to some day not need antihypertensive medication. Every time I prescribe a contraceptive to an unmarried patient I hope she will one day wish to save sex for marriage. Until then she is safer.



# COUNTERPOINT

## Contraception to an Unmarried Patient?

By Dr. John Patrick

When Dan asked me to take the counter-cultural side of this debate, I could not refuse even though I knew that I was unlikely to persuade even Christian doctors. Disease patterns are changing and much of the change is not due to pathogens known to pathologists but to societal pressures persuading us to call good evil and evil good. In our society increasing legitimization by the media of self-indulgence and hedonism compounds this. Sexually transmitted disease (now reduced to 'infection' as though we are not responsible), smoking-related diseases, obesity-related diseases (in most cases) are all the result of self-indulgence. The fact that most of us are, in practice, moral relativists doesn't help – those that do not know whether this applies to them probably are relativists and utilitarians! The church's diminished capacity and willingness to talk about sin and the need for repentance follows this fact. For the flourishing of society and individual people, God taught the Jews that acceptance of objective moral truth is essential (Read Deut. 4 through 6 if you are in doubt.).

Dan's description of patients is only too familiar and harm reduction is always good but harm reduction must be very carefully thought through. When the first effective contraceptive was invented, it was hailed as a great gift to society in general and women in particular. Only one man publicly opposed this position on the world stage – Pope Paul the VI<sup>th</sup> in his encyclical *Humana Vitae*. At the time I could not believe that any intelligent person could do that. My ideas, as I now realize, were entirely utilitarian and also, I now believe, entirely wrong. Pope Paul VI<sup>th</sup> wrote that the problems with an effective contraceptive were these:

1. It would produce a contraceptive mentality.
2. It would diminish respect for women.
3. It would lead to a general lowering of public morals.

Can anyone now deny the truth and prescience of his comments?

*The separations of the pleasure of sexual relationships from the responsibilities of parenthood have dramatically changed our society for the worse.*

Liberal propagandists dismiss the direct relationship between the rise in divorce rates and the spread of the use of the contraceptive pill as mere statistical accident but we can all see the causal relationship. (Parenthetically, I consider divorce to be an unintended form of child abuse, much more serious in its consequences than spanking.) The rise in sexually transmitted disease is similarly quite predictable from increased contraceptive use, not to mention the connection to legalizing abortion when contraception fails as is acknowledged in *Roe v Wade*, and so on. The decrease in public morality is self-evident.

Dan's personal scenario of how society, self-indulgence and genes cause his hypertension is true and, in this instance, I have no problem in choosing the lesser of two evils to treat him. There is, however, a problem of relying exclusively on technical solutions for moral problems. The UK, for example, now makes you pay for your coronary artery surgery if you have not quit smoking – they are beginning to grasp the nettle!

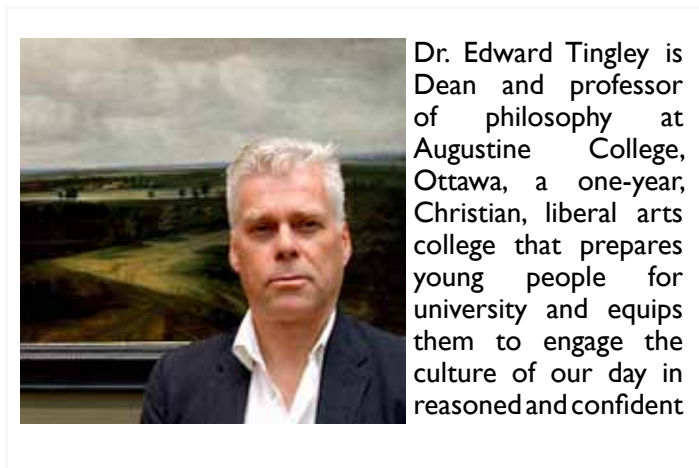
Giving contraceptives to insecure teenagers is like giving hormones to the boy who wants to increase muscle. We tell him to exercise. We need to tell the teenager who wants the pill what risks she faces and ask her to go away and think about it and write down how she is going to avoid the risks. You might also suggest that her boyfriend call her father the next time he tells her, you don't love me if you won't have sex. Hopefully her father still has the courage to say the appropriate things.

The bottom line is that utilitarian arguments are valid only if you are smart enough to see all the ramifications. With contraception we were not and are still in denial.



People in authority, with a pro-choice stance, have pressured the profession to comply with their views, unaware that what they are *doing runs against the bulwark of the standard notion of conscience rights*, which shelters us from such pressuring. Muscling and threatening happen – after all, that is why that bulwark of rights came to exist. But it does exist and it is strange how oblivious people are to that fact. **So beguiled are they by the one issue of justice that is moving them, they have not been prompted even to wonder what a right of conscience is and on what basis it is recognized. That is the elephant in the room of this debate.**

Management structures (in health-care or in media) can foist on the populace, top-down, the hasty opinions of overconfident individuals, constrain the debate to their preferred terms, blind us to the issues, and tie us up in sideshows. And – true enough – an unwitting populace can be mastered that way. But thinking people have their own, ground-up, ways of educating, beholden to no administration (in the lounge, over lunch, by e-mail). If we get busy, this far-from-over debate will soon be settled just as it should be. It is far easier, far safer, to win this battle now than to practice medicine later in a deranged system that has rendered moral objection null.



(Endnotes)

- 1 Henry Morgentaler to Pierre Trudeau, 28 August 1973, cited by Colin Campbell, "Dear Pierre," *Maclean's* (7 May 2008), consulted September 2009 at [http://www.macleans.ca/canada/national/article.jsp?content=20080507\\_83676\\_83676](http://www.macleans.ca/canada/national/article.jsp?content=20080507_83676_83676).
- 2 In a poll conducted in 2007, 33% of Canadians surveyed believed that the law should protect human life only at birth. "Thirty Years of Surveys Show Canadians Oppose Unrestricted Abortion," consulted April 2009 at [http://www.abortionincanada.ca/history/Polls\\_Say\\_Canadians\\_Favor\\_Laws\\_Governing\\_Abortion.html](http://www.abortionincanada.ca/history/Polls_Say_Canadians_Favor_Laws_Governing_Abortion.html).
- 3 A basis criticized, for instance, by Julie D. Cantor, M.D., J.D., in "Conscientious Objection Gone Awry: Restoring Selfless Professionalism in Medicine," *New England Journal of Medicine* 360:15 (9 April 2009), 1485.
- 4 Sanda Rodgers and Jocelyn Downie, "Guest Editorial: Abortion: Ensuring Access," *Canadian Medical Association Journal* 175:1 (4 July 2006), 9.
- 5 "Draft: Physicians and the Ontario Human Rights Code," a policy proposal issued by the College of Physicians and Surgeons of Ontario (2008), consulted August 2008 at [http://www.cpso.on.ca/Policies/consultation/HumanRightsDRAFT\\_08.pdf](http://www.cpso.on.ca/Policies/consultation/HumanRightsDRAFT_08.pdf).
- 6 Dr. Trevor Theman, "Registrar's Report: Draft Standard for Termination of Pregnancy," *The Messenger* (April 2009), 3; see [www.CPSA.ab.ca](http://www.CPSA.ab.ca).
- 7 Department of Health and Human Services, "Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law," *Federal Register* 73:245 (19 December 2008), consulted September 2009 at <http://edocket.access.gpo.gov/2008/E8-30134.htm>.
- 8 Cantor, 1484–85.
- 9 Cantor, 1485.
- 10 Jean Bethke Elshtain, "Marriage and Sex," Witherspoon Institute Christian Worldview Conference held at Princeton University in November 2007, available at <http://www.christianworldviewconference.org/audio/2007conference>.
- 11 Cantor, 1485.
- 12 Martin Beckford, "Baroness Warnock: Dementia Sufferers May Have a 'Duty to Die'," *Telegraph*, consulted October 2009 at <http://www.telegraph.co.uk/news/uknews/2983652/Baroness-Warnock-Dementia-sufferers-may-have-a-duty-to-die.html>.

# THE HIPPOCRATIC OATH

*I affirm in the presence of the Almighty and before my family, my teachers, and my peers that according to my ability and judgment I will keep this Oath and Stipulation:*

*To reckon all who have taught me this art equally dear to me as my parents and in the same spirit and dedication to impart a knowledge of the art of medicine to others. I will continue with diligence to keep abreast of advances in medicine. I will treat without exception all who seek my ministrations, so long as the treatment of others is not compromised thereby, and I will seek the counsel of particularly skilled physicians where indicated for the benefit of my patient.*

*I will follow that method of treatment which according to my ability and judgment I consider for the benefit of my patient and abstain from whatever is harmful or mischievous. I will neither prescribe nor administer a lethal dose of medicine to any patient even if asked nor counsel any such thing nor perform act or omission with direct intent deliberately to end a human life. I will maintain the utmost respect for every human life from fertilization to natural death and reject abortion that deliberately takes a unique human life.*

*With purity, holiness, and beneficence I will pass my life and practice my art. Except for the prudent correction of an imminent danger, I will neither treat any patient nor carry out any research on any human being without the valid informed consent of the subject or the appropriate legal protector thereof, understanding that research must have as its purpose the furtherance of the health of that individual. Into whatever patient setting I enter, I will go for the benefit of the sick and I will abstain from every voluntary act of mischief or corruption and further from the seduction of any patient.*

*Whatever in connection with my professional practice or not in connection with it I may see or hear in the lives of my patients which ought not to be spoken abroad I will not divulge, reckoning that all such should be kept secret.*

*While I continue to keep this Oath unviolated may it be granted to me to enjoy life and the practice of the art and science of medicine with the blessing of the Almighty and respected by my peers and society, but should I trespass and violate this Oath, may the reverse be my lot.*

*Amen.*

# CMDS Membership Cards

By Dr. Roger Gingerich

As I travel across our country representing CMDS, I often hear comments about membership. They are usually in the form of a question, such as: "Why should I become a member?" or "Why not just work within our local church?" or "Why belong to another organization?"

Just as often I meet people who think they might be members, but don't know if they are! "I did sign up once, does that make me a member?" Or "I have a certificate that is hanging on my wall (or in the filing cabinet) so I must be a member"!

These two diverse groups of professionals have caused me to consider what CMDS needs to do to get them involved. Words will not do it, but casting a vision will!

People willingly support an organization if they see the ministry as effective and reflecting their values.

We need to inform people about the work of CMDS; let the ministry of CMDS be seen!

## **So What Is CMDS Doing?**

### **Here is a snapshot of the important activities of CMDS:**

- § **One of our strongest and most rewarding ministries is the work we do with doctors and dentists in training!** Our student ministry is important and effective. There are 9 universities across Canada where we have an Associate Staff Member working with medical and dental students providing spiritual leadership to the fast paced educational life required of those working toward a medical or dental degree. CMDS is **planning to add another Associate Staff** in the near future! The feedback we get from our students make this one of the most successful activities of our organization.
- § Our organization has come through a very difficult financial period. When the Board moved the office to Manitoba in March of 2007, the available cash barely covered the required cheques that needed to be written. **What a privilege for me to report that we now have a budget surplus!** This is even with my increased travel expense, the addition of a Communications Director in the office, website redevelopment (As I write this it is currently hidden, but it may be live by the time your read this. We think it looks fantastic!), the Associate Staff Member we just added in Montreal, publishing a current directory of CMDS and the regular colour publication of FOCUS Magazine. **But do we want to do even more ministry? The answer is a resounding YES!** Your donations will allow CMDS to touch even more lives!
- § **Our annual conferences have grown!** The number of attendees has more than doubled in size. The conference coming up in Ontario this April will be the largest conference in 4 years! As well we have gone from a significant financial loss to a modest gain. However the most important news is the sense of community and fellowship one feels while listening to exceptionally qualified speakers as they share their story of faith and practice. A highlight is reading the evaluation comments handed in at the end of the conference!
- § **We have established a Legacy Fund** designed to assist ministries around the world. From this fund we made a gift of \$5000 to CMDS member Dr. Chris Brooks of **Lifeline Malawi**. This will be used to pay the shipping costs of getting medicines from **Health Partners International** to the impoverished nation of Malawi. The name Legacy Fund is meant to show our medical and dental colleagues of our desire to leave a positive legacy! Thank you for your generous donations!

§ **We are developing our Voice!** Yes, CMDS has not been talking very publicly these last years, but we intend to change that! We have an important message. We have qualified members who have ideas worth sharing. There are important places for our Voice to be heard. For example, the euthanasia bill C-384 is moving slowly through the parliament. This needs to be addressed. Please pray for us as we deliberate how to effectively speak for the values of CMDS in a way that will be current and effective.

### **Why Membership Cards?**

This brings me to the privilege of membership!

Membership is more than paying your dues! It is joining together in a synergistic relationship.

You and I could never do these ministries alone! But when we join together within CMDS we become more than any one or two could ever hope to be! **If the activities of CMDS are ideals that you share, then we invite you to keep your membership up to date.** To help you with this, we are sending you CMDS membership cards. Many of us have difficulty remembering the last time we actually paid our membership dues! Since CMDS is a membership organization, one can only be a member if the dues are paid up. The membership card is a way to remind us of the dates of our membership. So this coming year you will receive a membership card that will indicate the current year of membership shortly after the National office receives payment of your dues. We want to earn your respect! We want to be led by our Lord as we move ahead with the activities of CMDS. We want to embark on ministry ventures that you see and agree are important. **We want you to see and know that being a part of what CMDS is doing is not a duty but an honour!** Carry your CMDS Membership card as a reminder of God's wisdom: "Though one may be overpowered, two can defend themselves. A cord of three strands is not quickly broken." (Ecc 4:12)

If you believe in what is happening through CMDS, why not invite your colleagues to evaluate our work within the medical and dental circles. Let's tell our friends about CMDS and the ministry God is doing through our organization! Above all, please pray for the leadership of CMDS!



Dr. Roger Gingerich is the Executive Director of CMDS Canada and he also has a part-time medical practice in Steinbach, MB.





# Prenatal Genetic Testing, Eugenic Abortion, and the CHRISTIAN PHYSICIAN

By Dr. Dan Reilly

## What is PGS?

PGS is all about statistics and risk assessment. The example of screening I use with patients is what occurs at airport security. Planes would be fairly safe from terrorists if every person flying was strip searched prior to boarding. This would slow down boarding an airplane significantly and cause public unrest. So we have invented ways of selecting a few individuals from the crowd to look at more closely. When the metal detector goes off it may mean you are carrying a weapon or that you forgot about the change in your back pocket. You are asked to step aside until it is figured out.

The goal of screening pregnancies is to detect women at higher risk so we can have a closer look. The closer look tests aren't offered to everyone because they either carry risk or are expensive (or both). Someone decided long ago that diagnosing Down's syndrome early in pregnancy would be a good thing to do. If we did amniocentesis to every pregnant woman we could find all the fetuses with Down's syndrome. But amniocentesis will result in about 1 in 400 women losing their pregnancy. So it was decided we needed to do something to detect the woman whose risk of Down's is high enough to justify risking the pregnancy.

Historically the only measure of risk was the woman's age. It was decided that at age 35 the risk of Down's is high enough to risk pregnancy loss. But most babies born to women over 35 don't have Down's and most Down's babies are born to women under age 35 since they are having most of the babies. So some very bright people started measuring things like chemicals in the mother's blood and the size of ultrasound features. Put several of these measures together with a woman's age and you can more precisely compute a risk the fetus has Down's. The testing is not diagnostic but as the screens have gotten better the number of "false positive" screens has declined.

Screening programs available in Canada today give patients a risk of Down's, trisomy 18, and open neural tube defect. If the risk is low then the patient is reassured. If the risk is high then she has more choices to make about how to proceed.

## Benefits of PGS for Older Mothers and Affected Babies

If the patient consents to screening then my goal when ordering it is to provide the best care possible for that patient's baby. When introducing the call to make PGS available everywhere in Canada Dr.Vyta Senikas, associate executive vice-president of the SOGC noted:

*"The standard of care now is that even if she is 20, you offer her the choice of the testing. None of us like surprises in pregnancy. This way you can make sure the person is in the best spot to receive the best care."*

As an OB in a primary care hospital this desire to optimize care resonates with me. If a baby we don't know has Down's has a complex but subtle cardiac anomaly, a routine ultrasound in my centre will miss it. That baby may crash post-partum and we may not be able to stabilize long enough to transfer baby out. A positive screen can prompt greater scrutiny of the pregnancy and may save the baby's life.

In addition to saving the life of a special needs baby, screening may also save the life of a normal fetus. For the woman over 35 years of age, who would have had an amniocentesis in the past, screening may produce a risk low enough that an amniocentesis is not performed. This may result in babies being born who would have been lost as a result of amniocentesis.

In addition to reducing mortality and morbidity, screening and subsequent investigations may help a family prepare for the arrival of a special needs child.

All these benefits can result from PGS. But there is also risk of harm.

## Risk of Psychological Harm

While the medical risk associated with screening is negligible, there is a very real psychological risk. Screening is not diagnostic. You get a number instead of a diagnosis. Say it is one in five. When we quote a one in five risk women don't usually hear "there is an 80% chance your baby doesn't have Down's syndrome". They hear "your baby has a genetic condition so horrible that we think it worth spending a lot of time and energy looking for it". Tertiary care ultrasound may rule out major problems with the baby but it is also not diagnostic. Women have to choose to either live with the worry for the rest of the pregnancy or risk losing the pregnancy by proceeding with an amniocentesis. 80% of the time the amnio will be normal and then she will say things such as "that test was wrong and I worried and risked my baby for nothing". Of course the test was right.

## PGS and Eugenics

The ugly side of all this talk about risk assessment and choice is that this exercise can become an eugenics 'search and destroy' mission.

Krista J Flint, the executive director of the Canadian Down Syndrome Society, responded to the SOGC's recommendations with the following concerns:

*"The very word 'screening' implies that you want to keep out that which is unwanted"*

*"Families tell us that the message is sometimes subtle, sometimes astonishingly clear... when they learn they are having a child with Down syndrome. The message is that they shouldn't have this baby, that it will ruin their lives"*

*"The notion that my children's children will never know someone with Down syndrome is not a world I want them to inherit"*

## To Offer or Not Offer

So we find ourselves in a complex situation. Welcome to modern medicine. A test exists that can improve prenatal and newborn care. But women can also use the information obtained to pursue interventions you find ethically repugnant. What to do? I believe the ethical principle that is most important here is to tell the truth. The testing can serve multiple purposes and our responsibility is to offer the testing honestly. If I present the testing options in an honest and compassionate manner and with the genuine intention to do good, then I am not responsible for the choices patients ultimately make.

Given the benefit this testing can offer, and given that it is standard of care, I believe we must offer this testing to all pregnant women. But how to explain the complexities of the possible outcomes if a woman chooses to have the testing? My explanation to patients sounds something like:

*"So the ultrasound confirms that you are 7 weeks pregnant. Congratulations. We need to book a first prenatal visit some time in the next 4 weeks. That visit will involve a full physical exam and a bunch of blood work. There is one test you will need to decide to do or not do. It is a screening test for Down's syndrome, spinal conditions such as Spina bifida, and another chromosomal condition that can cause serious health problems for the baby. By screening test I mean that it gives us your risk of this baby having one of these*

conditions. If the risk is very low, such as 1 in 10 000 then we are reassured. If the risk is higher than 1 in 200 then you will be faced with more decisions. You may be offered an amniocentesis, a test that determines for sure whether the fetus has one of these conditions. However, the amniocentesis poses a small risk of causing you to lose the pregnancy. Some women with a positive test choose the amnio while others choose to have us watch the pregnancy more closely. If the amnio is positive some women choose not to continue with the pregnancy while others prepare to have a child with special needs.

Some women tell me that they want to know their risk and would want to consider an amnio or other testing if their risk is high. They choose to do the testing. Other women tell me that they know they wouldn't want to do anything different and don't want to face the worry that a positive test would cause them. I'm not sure which kind of woman you are. You have lots of time to think about this since the first test isn't done until 11 weeks. Any questions?

## **A Call to Action**

I believe that it is not prenatal genetic screening that leads to termination of pregnancies involving Down's syndrome. It is a combination of society's attitude towards special needs children and its lack of support for their parents. It drives me crazy when we condemn the woman who chooses not to carry a special needs child and then abandon the one who does to live a life of quiet desperation.

[I would love to live in a world where the diagnosis of a special needs child carried no stigma and no negative consequences for the woman carrying the child.](#)

I think the best way to pursue that goal and to reduce the number of terminations is to work to build such a world. To that end I introduce you to the 100 to 1 rule. The hundred to one rule comes from comments made by Preston Manning when asked about his thoughts on social activism. For each issue where Christians wish to block or limit certain options there is a group of people who are negatively affected. Those people are often already disadvantaged. If you wish a person in that group to make a different decision then the best approach is to help that person overcome their challenges. Protest has its place but it is limited.

So you wish to put an end to terminations of pregnancies for Down's syndrome? You can spend time and money protesting and lobbying. A second approach to the issue of Down's terminations would be to spend time and money supporting special needs children and their caregivers. The 100 to 1 rule stipulates that for every dollar or hour you spend in protest, you spend 100 dollars or hours supporting those affected by the issue. I believe that proportionality is the most effective means of social change and also lends credibility when speaking in the public square.

What do you think?



Dr. Dan Reilly practices and teaches ob/gyn in Fergus Ontario and teaches ethics at McMaster University. His recommended books are "Making The Best of It: Following Christ in the Real World" by John G Stackhouse Jr. - Oxford University Press, 2008, and "The Screwtape Letters" by CS Lewis - HarperCollins, 2001.

# Remembering Medical Ethics in Training and Beyond

By Dr. Michelle Korvemaker

Medical ethics is one of the topics during medical training that caused me the most grief. In contrast to other areas, ethical issues don't always have a clear-cut answer. There are some issues, which are black and white most of the time, but then someone will describe a scenario where the colours strangely change to grey. Ethical principles are supposed to be taught in medical school. However, how to apply these in various situations can be tricky. How we approach ethics as Christians often comes up in stark contrast to how the secular world approaches ethics. There is pressure to conform both from the secular world and also from the Christian community. We are called by God in Romans 12:2 to not conform to this world but be transformed by the renewing of our minds.

Dealing with ethical issues necessitates study in God's word and prayer to see how we can best act in the situation to glorify God and do the best we can for the patient before us.

During medical school, I had the expectation that I would be bombarded by ethical dilemmas regularly when I was finally finished training and practicing independently. In reality, while ethical dilemmas do occur, these are usually not as overwhelming as I had imagined. God gives the strength to deal with each situation when it comes along. At times, I feel like I have failed. At other times, I think I have done well. I'm not always sure I've made the best decision but I know that God knows my heart. I trust that He will guide me to do better next time in order to accomplish His purposes through me in serving people and loving my neighbour through medicine. I am writing this to encourage the students and residents – to be in God's word and prayer to know how to act in an ethical dilemma and also to encourage them to know that God will never give them more than they can handle (1 Corinthians 10:13).

In this student section of the magazine, we had hoped to have input from the students but in the end, we had no submissions to use. Now, this may be because we didn't advertise soon enough or widely enough. So, we are striving to rectify this situation by letting students and residents know that indeed we'd like to hear from you! You may be concerned that you don't write well. We can help with that and really one should assume that one's piece would be edited in some way... most of us need it! However, there must be some of you out there who were good at

and actually did like to write during high school or even undergrad before you chose to focus on medical sciences. Get out your writing pens for the next issue of FOCUS whose theme is Suffering. You can send your submissions in to the CMDS National Office ([communications@cmdscanada.org](mailto:communications@cmdscanada.org)), on the CMDS facebook site, or post it on the discussion board of the CMDS Students and Residents Google Group. We look forward to hearing from you!



Dr. Michelle Korvemaker is a Family/Emergency Physician locum from Woodstock ON. Her recommended books are: "Medical Ethics: Principles, Persons, and Problems (Christian Perspectives)" by John Frame (1988), "When Is It Right to Die?: Suicide, Euthanasia, Suffering, Mercy" By Joni Eareckson Tada (1992), "Medicine as Ministry" by Margaret E Mohrmann (1995), and "Christian Character, Virtue & Bioethics: Proceedings of the 1996 Clinical Bioethics Conference" by Dr. Edwin C. Hui (editor).



Dr. Margaret Cottle is a palliative care physician and a clinical instructor at the University of British Columbia in Vancouver, BC. Margaret and her husband Robin, an ophthalmologist, host the UBC medical students in their home every week. Dr. Cottle's recommended books are: "Questions of Right and Wrong", and "Christian Character, Virtue and Bioethics", both published by Regent College in Vancouver.

# HIPPOCRATIC

By Dr. Margaret Cottle

# Party

In the early 1990's at the national CMDS meeting in Ottawa, my husband Rob and I attended the commissioning of the local CMDS graduating students. Affirming the Hippocratic Oath was a major portion of the ceremony. As there was no comparable service for our UBC students, we decided to establish such a celebration. Our students and their families have welcomed the opportunity with great enthusiasm. In light of the pressure facing medical professionals, it is more important than ever that our medical and dental students affirm the oath before they begin the next step of their career. If your medical community doesn't have this type of celebration, my hope is that this article will inspire you to introduce a similar celebration in your own community.

Due to an increase in numbers, what initially started as a full luncheon in our home has turned into an afternoon tea immediately following UBC's official Hooding Ceremony. Our church, University Chapel, which is situated on the UBC campus, generously donates the use their facilities. In late March, I sent an email to all the graduating students on our CMDS student list seeking sponsors for the email invitation that will be sent out to the entire graduating class. Usually there are 8-10 students who are willing to be listed on the invitation. Once this was settled, one of those students sent an email to the entire class.

As an added indication of the importance of the occasion, I sent out personal invitations in hand-decorated envelopes to each person the graduate wished to invite. This historically has included invitations to grandparents and other loved ones

who will not be able to attend, but who are delighted to receive an invitation. We also invited the graduate members of CMDS.

After the “open house style” tea, we went into the auditorium for the brief ceremony. Each of the students had a copy of the oath printed on nice card stock with the date and location at the bottom, and the words “signed” and “witnesses” added as well. All the audience members were given plain paper copies of the oath. Their papers also included the quotation by Thomas Sydenham which is the preamble to the CMDS Canada Constitution. After the welcome, the Sydenham quotation was read followed by a brief prayer of invocation. Following this, all the graduates stood together at the front and read the oath in unison. This was a very moving part of the ceremony.

We are always reminded of the countless struggles that these students and their loved ones have faced during their training, and we also think ahead to the many challenges they will face as they strive to keep the oath.

After the oath was affirmed, I provided a pen for each person, and everyone signed his or her own copy first and then signed all the other copies as a witness. This part of the ceremony added emphasis to the solemnity of their promises and they were all grateful to have a record of their affirmation. This year it took longer than usual for all the signing to be completed as twenty students affirmed the oath together. Hallelujah! After the signing, we lead a short time of open prayer as an opportunity to thank the Lord for His faithfulness and sought His guidance for the graduates as they continue their medical journeys. Photos and general rejoicing followed. Many graduates and their families tell us that our short ceremony has been the most meaningful part of the entire day.

Former students have reported that affirming the Hippocratic Oath has been very important as evidence of what practicing according to their consciences entails.

Some have given copies of the oath to residency supervisors or future employers as a respectful way to indicate the ethical basis for their practices. More than one former student has credited affirming the oath with strengthening their resolve to follow its precepts. All the medical and dental students from the other years are invited as well and often find the ceremony very inspiring at a time when they need a boost to keep studying for exams. During our weekly meetings before the ceremony there are opportunities to discuss the basic tenets of Hippocratic medicine and why they are important. If you live near a medical school where such a ceremony does not exist, why not think of exploring the possibility of starting the tradition? We would be delighted to share our tips and insights with anyone who is interested. I can be reached at <mmcottle@mac.com>.



It becomes every man who purposes to give himself to the care of others, seriously to consider the four following things: first, that he must one day give an account to the Supreme Judge of all the lives entrusted to his care. Secondly, that all his skill, and knowledge, and energy as they have been given him by God, so they should be exercised for His glory, and the good of mankind, and not for mere gain or ambition. Thirdly, and not more beautifully than truly, let him reflect that he has undertaken the care of no mean creature, for, in order that he may estimate the value, the greatness of the human race, the only begotten Son of God became Himself a man, and thus ennobled it with His divine dignity, and far more than this, died to redeem it. And fourthly, that the doctor being himself a mortal man, should be diligent and tender in relieving his suffering patients, inasmuch as he himself must one day be a like sufferer.

Thomas Sydenham (1642-1689)

# The Last Word



Dr. Roger Gingerich  
Executive Director, CMDSC  
ed@cmdscanada.org

It is so easy to run from patient to patient dealing with the urgent while the important slips past. Why is that? There are times when we fail to notice the weeds in our life while we keep up the semblance of dignity and pride. We look good, but we don't see. We are hyperopic. Christ talked about people like us: seeing the log but missing the splinter.

Those of us in healthcare are fortunate. The downturn in the economy did not threaten many of our careers. If our financial worth was affected, it was because we had money in the stock market or in real estate. We are privileged people. Secure in our worlds, safely working in our area of knowledge. And then along comes a curveball ... something out of left field. We reach for an answer, but find that we were not adequately trained to deal with this type of question. What is the right thing? Which is better? How can I know? Does my degree as a doctor or dentist prepare me to deal with the deeper issues of life?

Frankly, the knowledge we acquire in dental or medical school prepares us for little outside our profession. Our MD or DDS degree does not give us expertise in finances or law. As a group we are not the best marriage partners. We aren't better parents because we have a degree in healthcare. We only had a few lectures on ethics in medical school. Yet we think because we are good doctors, we must have good opinions on other matters! How ludicrous! We are about as qualified to speak on topics outside of our specialties as a Hollywood "Star" who speaks about medicine. If we approached our professions in this manner we would be called before the provincial regulatory bodies to be disciplined. Many have let the honour that came with our professions bleed into our under-educated intellect! This can only result in poorly formed opinions acting as blinders. Is it any wonder that our culture ridicules people of faith?

As I read through the Bible, I am frequently amazed by the announcement to pay attention. For example in Matthew's account of Christ's mountain sermon, Matthew writes, "He began to teach them using these words..." That phrase is full of gold nuggets. Try reading it several times emphasizing a different word. **We** are privy to this lecture. These are the **words** He used. We can **know** what He wants us to know. **He** is speaking to people! How much clearer could it be? In Luke 21:8 he warns us to not be **deceived**. Test things.

Know what is truth and be careful!

Paul also wants us to learn. Five times he tells us to not be **ignorant** about certain issues (Romans 11:25, I Corinthians 10:1, 12:1, 15:35, and I Thessalonians 4:13). Paul also tells us not to be **deceived** (I Corinthians 6:9 Galatians 6:7) and once tells us that he too was deceived (Titus 3:3). James gets in on this call to understand truth when in James 1:6 he admonishes us to not be deceived!

I think you get the point. Our Lord wants us to know what is going on in the world and to be able to know right from wrong. He is calling us to see clearly and obtain understanding. It isn't good enough for us to go merrily along ignoring issues that we don't feel confident to address.

I am probably an optimist but I believe society wants to hear our story. Like us they are looking for truth. They would happily accept a second chance. I would like to think that the advice given in the Proverbs 25:11 that a word aptly spoken (is like apples of gold in settings of silver) will be accepted by our colleagues. I may be wrong, but I am sure that arrogance and ignorant confidence will not be.

And yet our busyness leads us to ignorance. What are we to do? Firstly, I am glad that we have people like John Patrick, Dan Reilly, Ed Tingley and others who have taken the time to train their mind in the field of logic and ethics. We need them.

Secondly we have included a book list supplied by the various authors. Lets begin by reading these.

Above all, let us pay attention to the things our Bible says is important. Lets read it, and meditate on it and get to know our God! Don't forget Paul's advice to speak the truth in love.

This issue of FOCUS is a call for Christians to think and hear God's words in a deeper light. Perhaps you share my honesty of ignorance. If you do, then these articles will challenge you like they have me. They will cause you to think, listen and learn from others who know God and can articulate in ways that we cannot.

# CMIDS Voice

## engaging our culture

### BILL C-384

(a bill to decriminalize assisted suicide for terminal patients) is working its way slowly through parliament. The National Office is following this bill using personal contacts within government. Although there is little likelihood this bill will pass, CMIDS is aware of its progress and preparing to address the committee if necessary.

We ask for your prayers as we monitor this issue on your behalf.

\*Voice: A Ministry of CMIDS\*

Keep up-to-date with the issues affecting Christians in the medical and dental fields, in these changing times.



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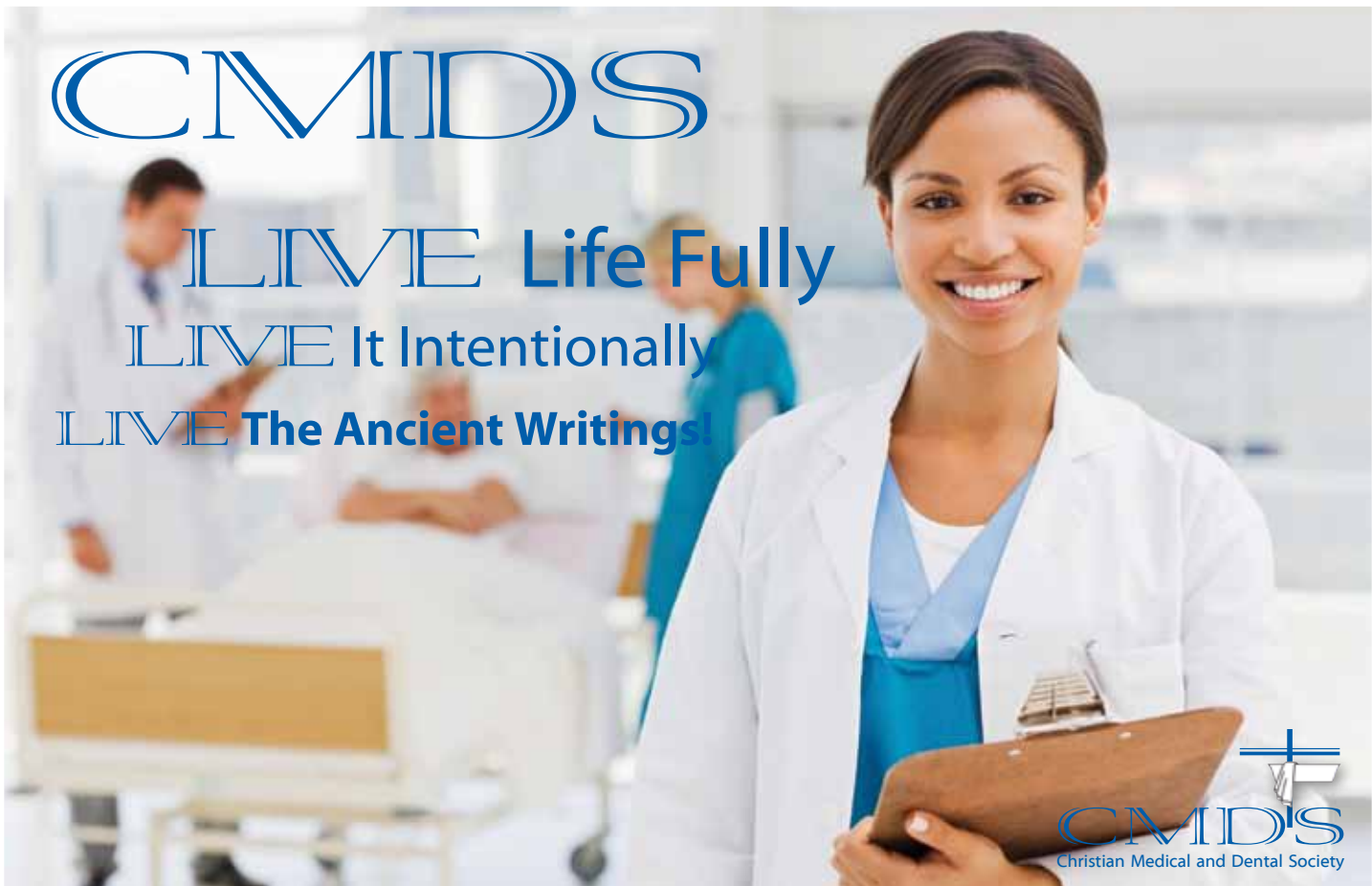
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