

are entitled to express their opinions to patients only as long as they say the "right" things according to the OHRC grid, and can enjoy freedom of choice only as long as they choose the OHRC-approved clinical courses of action.

In view of the potential threat to physician autonomy that such a policy poses, I would be most grateful for some clarification on the following points from the CPSO and the OHRC regarding the concept of restricting "freedom of conscience" for doctors:

1. Some faith and cultural groups consider the steadfast denial by physicians to perform certain procedures, such as female circumcision or female feticide, to be discrimination based on their faith or race. According to the OHRC, are physicians compelled to perform or refer for the procedures that some patients demand on the basis of their religious or cultural beliefs?
2. In a 1985 ruling, Supreme Court Chief Justice Brian Dickson stated, "Freedom can primarily be characterized by the absence of coercion or constraint. If a person is compelled by the State or the will of another to a course of action or inaction which he would not otherwise have chosen, he is not acting of his own volition and he cannot be said to be truly free."<sup>2</sup> Is denying freedom in Canada to a specific group not inherently discriminatory? Does the OHRC code supersede principles and admonitions from the Supreme Court?
3. The Canadian Medical Association's *CMA Code of Ethics* explicitly exhorts health professionals to "Resist any influence or interference that could undermine your integrity."<sup>3</sup> Abandoning our conscience to participate in or facilitate decisions we consider unethical might undermine our integrity.<sup>4</sup> Does the OHRC code supersede the *CMA Code of Ethics*?
4. Coercing ethical doctors to do what they feel is unethical violates "freedom of conscience," which is a basic human right according to the United Nations' *Universal Declaration of Human Rights*.<sup>5</sup> Does the OHRC code supersede the United Nations' declaration?
5. From the vantage point of a primary doctor, to refer a patient to another practitioner who is expected to proceed in a way the primary doctor feels is damaging to that patient is to be complicit in harm—a violation of the "Do no harm" principle of the Hippocratic Oath. Does the OHRC code supersede the Hippocratic Oath?
6. Finally, attempts to coerce a physician to do something that he or she feels is ethically inappropriate under threat of legal or disciplinary action might also be considered "discrimination on the basis of ethical orientation." To whom do physicians file discrimination complaints against the OHRC and the CPSO for violating the basic human rights of doctors?

In summary, a draconian authoritarian policy of coercing clinicians to set aside their professional

judgment and accede to patient demands is not in the best interests of physicians or patients. If "freedom of conscience" is restricted, doctors will experience ethical distress when placed in situations where their considered clinical decisions contravene the wishes of their patients.<sup>4</sup> Such an intolerant policy, engineered by individuals and commissioners far removed from the practice of clinical medicine, displays a lack of respect for the competence, ability, and integrity of health professionals, and has the potential to adversely affect physician morale and the physician-patient relationship. The medical community, including the Colleges of Physicians and Surgeons throughout Canada, should not condone such intolerance.

—Stephen J. Genuis MD FRCS C DABEM FAAEM  
Edmonton, Alta

### References

1. Kelsall D. Whose right? [Editorial]. *Can Fam Physician* 2008;54:1353.
2. Dickson J. *R v. Big M Drug Mart Ltd.*, (1985), 18 D.L.R. (4th) 321 at p. 354, 18 C.C.C. (3d) 385, [1985] 1 S.C.R. 295.
3. Canadian Medical Association. Fundamental responsibilities: article 7. In: *CMA code of ethics (update 2004)*. Ottawa, ON: Canadian Medical Association; 2004. Available from: [www.cpsns.ns.ca/cma-ethics-2004.pdf](http://www.cpsns.ns.ca/cma-ethics-2004.pdf). Accessed 2008 Nov 7.
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5. General Assembly of the United Nations. *The universal declaration of human rights. Article 18*. Geneva, Switz: United Nations; 1948. Available from: [www.un.org/Overview/rights.html](http://www.un.org/Overview/rights.html). Accessed 2008 Nov 7.

## Excellent resource

I am writing regarding the book review by Dr Don Langille of Dalhousie University, published in the September 2008 issue of *Canadian Family Physician*.<sup>1</sup> I wish to express my concern regarding Dr Langille's recommendation of Dr Ron Gold's excellent parent resource for immunization, *Your Child's Best Shot. A parent's guide to vaccination*.

I agree with Dr Langille that this book "provides excellent information and covers all aspects of vaccination."<sup>1</sup> I also agree with the many other positive comments that he makes about this book as a resource for parents.

My concern is that, despite these many positive comments, this book is rated as "mediocre." I cannot disagree more. Against the backdrop of dozens and dozens

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of publications and websites that promulgate misinformation and foster fears about immunization, this is the one resource that physicians can use to help parents learn about and understand the value and safety of vaccines. In an era in which the public is all too willing to believe misinformation about immunization, a resource like this is absolutely needed.

Although the book is written at a high level of literacy, its purpose is to allow physicians to interpret the information for parents to help them decide about their children's vaccines. In fact, most of the criticisms of immunization come from highly literate parents who are well able to understand the lay language that is used for publication. I find, therefore, Dr Langille's criticisms unjustified. I would be very concerned if physicians across Canada neglected to recommend this one resource to parents because of the criticisms that Dr Langille has leveled.

Immunization remains one of the fundamentals of our children's health and is one of the most cost-effective ways of preventing infectious diseases. Immunization is threatened by a plethora of misinformation. *Your Child's Best Shot* can make a difference and should be on the shelves of every primary care physician's office and every library in Canada.

—Ian MacDonald Gemmill  
Medical Officer of Health  
Kingston, Ont

#### Reference

1. Langille DB. Your child's best shot [Book Reviews]. *Can Fam Physician* 2008;54:1289-90.

## Say it again

Dr Langille missed the most important point in his review of *Your Child's Best Shot*.<sup>1</sup> It's published by the Canadian Paediatric Society, which represents more than 2000 pediatricians. Its credibility is therefore very high, making it an extremely valuable resource for practitioners and parents. This cannot be understated in the current age of Internet misinformation.

Parents concerned about vaccines, most of whom are educated, are looking for credible sources of information.

*Your Child's Best Shot* should be on every family physician's bookshelf and recommended to any parent who questions the value of immunization.

—Mary Appleton  
Canadian Center for Vaccinology  
Halifax, NS

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1. Langille DB. Your child's best shot [Book Reviews]. *Can Fam Physician* 2008;54:1289-90.

## Corrections

The Minor Surgery Video Series article, which appeared in the September issue of *Canadian Family Physician*,<sup>1</sup> was incorrectly titled. The title of the article should have been "Skin tag removal." *Canadian Family Physician* apologizes for this error and any confusion it might have caused. The error was corrected on the website ahead of print.

#### Reference

1. Czarnowski C, Ponka D, Rughani R, Geoffrion P. Lipoma removal. Minor surgery video series. *Can Fam Physician* 2008;54:1245.

In the letter to the editor introducing the Veteran Health Files series, which appeared in the November issue of *Canadian Family Physician*,<sup>1</sup> Veterans Affairs Canada was incorrectly identified as being located in Ottawa, Ont. Veterans Affairs Canada is located in Charlottetown, PEI. *Canadian Family Physician* apologizes for this error.

#### Reference

1. Thompson JM, Chiasson R, Pedlar D. Launch of the Veteran Health Files. *Can Fam Physician* 2008; 54:1523.

Dans la lettre à la rédaction qui présente les Dossiers santé sur les anciens combattants, publiée dans le numéro de novembre du *Médecin de famille canadien*,<sup>1</sup> on a indiqué par erreur qu'Anciens Combattants Canada était situé à Ottawa en Ontario. Le ministère se trouve plutôt à Charlottetown, à l'Île-du-Prince-Édouard. *Le Médecin de famille canadien* s'excuse de cette erreur.

#### Référence

1. Thompson JM, Chiasson R, Pedlar D. Lancement de la série d'articles sur la santé des anciens combattants. *Can Fam Physician* 2008; 54:1523-1524.

## Corrections

In the article "Approach to outpatient management of adult sleep apnea," which appeared in the October issue of *Canadian Family Physician*,<sup>1</sup> an error was introduced in **Figure 1**. The corrected figure appears below. *Canadian Family Physician* apologizes for this error.

Figure 1. Adjusted neck circumference calculation for probability of sleep apnea: Evidence is level II.

MEASURE	+	ADD	=	ADJUSTED NECK CIRCUMFERENCE
Neck circumference in cm		3 cm for history of snoring 3 cm for history of witnessed apneas 4 cm for history of hypertension		<43 cm is low risk* 43–47.9 cm is intermediate risk ≥48 cm is high risk <sup>1</sup>

\*Pretest probability is 17%.  
Pretest probability is 81%.  
Adapted from Flemons et al.<sup>16</sup>

#### Reference

1. Skjoldt N. Approach to outpatient management of adult sleep apnea. *Can Fam Physician* 2008;54:1408-12.