



General consultation and public hearings on Bill 60, Charter affirming the values of State secularism and religious neutrality and of equality between men and women, and providing a framework for accommodation requests

Submission by the McGill University Health Centre

Montreal, December 19, 2013

“For to be free is not merely to cast off one’s chains, but to live in a way that respects and enhances the freedom of others “

Nelson Mandela 1918-2013

(Quotation submitted by MUHC employee)

I. Summary

The McGill University Health Centre (MUHC), a leading academic health centre, takes enormous pride in the diversity of our workforce and of our patients and families that we serve. Our commitment is to provide a harmonious and respectful work environment as well as top notch care to all Quebecers regardless of their ethnic, gender, linguistic or religious background.

Our belief is that Bill 60, the *Charter affirming the values of State secularism and religious neutrality and equality between women and men, and providing a framework for accommodation requests*, is contrary to our mission and our values and is attempting to solve a non-existent problem in our healthcare institutions. Bill 60 is unnecessarily divisive and in violation of our social contract, particularly in terms of human rights. It is in this context that we urge the Government of Quebec to withdraw the Bill.

The MUHC has been consistent in its position since the debate on the Charter was first launched in September. At that time we joined with our partners in the McGill Academic Health Network (MAHN), namely McGill University, The Douglas Hospital, The Jewish General Hospital and St. Mary’s Hospital to declare our opposition. Our joint statement declared that the institutions “affirm their shared and steadfast belief in providing an open and welcoming environment to all doctors, health care professionals, scientists, support staff, students, residents, volunteers and patients where they are free to wear unconcealed religious symbols” (See Appendix 1). The MAHN also made it clear that our institutions are committed to creating an environment that represents a wide range of cultural, religious and other perspectives.

In his statement of November 14 in response to the tabling of Bill 60, Normand Rinfret, the Director-General and Chief Executive Officer of the MUHC, echoed the MAHN, stating, “As an academic health institution, our priority is to provide the population we serve with exceptional care. We believe this is best done by recruiting a diverse and dedicated group of health care professionals, support staff, scientists, (medical) residents, students and volunteers, who are measured by their competencies and quality of their work,” (See Appendix 2).

As we contemplated filing a brief with this commission, we realized that it would be valuable to seek the input of our employees and staff. So we extended an invitation to them to give us their views on the proposed legislation. Close to 250 members of our community took the time to share their opinion with us, excerpts of which have been

integrated into this document. It is important to stress that 93% of our respondents vigorously oppose the charter.

We have also received briefs and/or declarations in opposition to Bill 60 from a wide cross-section of MUHC Councils, Committees and Departments and Unions representing health care professional, staff and patients (See Appendix 3).

Thus, this brief represents the views not only of our leaders on the board of directors and in senior management, but more importantly of the individuals who are on the front lines providing care to patients, teaching our future practitioners and conducting research in numerous life changing disciplines.

Based on this input it is clear that for the MUHC community, Bill 60 is trying to solve a problem that does not exist and is not an issue within our institution. Among the reasons that the Bill should be withdrawn are:

- It is contrary to fundamental rights guaranteed by the Quebec Charter of Human Rights and Freedoms, the Canadian Charter of Rights and Freedoms and by Article 18 of the Universal Declaration of Human Rights.
- If passed into law, the MUHC's capacity to provide health care to all Quebecers across the province who need complex treatments and to be an internationally recognized leader in teaching and research will be greatly diminished.
- It will make the MUHC a much less welcoming environment for our patients and their families, create friction with our suppliers and result in insurmountable challenges in terms of staff retention, recruitment and morale.
- We are troubled by repeated comments received from employees that are planning to leave the province should the Bill be enacted and fearful that we will face even more acute shortage of qualified personnel to the detriment of our patients and their families.

For all of these reasons the overwhelming consensus within the MUHC is:

- 1- that Bill 60 should be withdrawn;
- 2- should Bill 60 be passed in its present form, the MUHC will not apply for an exemption;
- 3- should Bill 60 be passed in its present form, the MUHC will initiate legal procedures to prevent its implementation.

II. The MUHC

Who We Are

The MUHC is one of the world's leading academic health centres. Formed from the merger of the Royal Victoria Hospital, the Montreal General Hospital, the Montreal Children's Hospital, the Montreal Chest Institute, the Montreal Neurological Hospital and subsequently the Lachine Hospital, we provide exceptional patient-centric care. We are affiliated with the Faculty of Medicine of McGill University and play a leading role in the McGill RUIS (Réseau universitaire intégré de santé). The MUHC admits almost 40,000 patients per year. Our outpatient clinics receive 735,000 visits annually, and our emergency departments see 173,000 patients every year. We perform over 500,000 medical imaging tests per annum and over 12 million laboratory tests. In short, we are a major provider of health care to Quebecers, second only in volume to the CHUQ.

We are also a major employer in Quebec with 14,400 people working in our organization. This includes almost 3,000 nurses, over 2,000 doctors as well as allied health professionals, technicians and support workers.

The MUHC also trains the next generation of health professionals. More than 90% of McGill students in the MDCM program are Quebec residents. Furthermore, the MUHC proudly attracts a strong constituency of post-graduate medical trainees from other countries, a positive outcome of its international reputation.

Our patient population is diverse. We do not keep statistics on the ethnic origin or the maternal language of the people we serve (this is against the law), but we have such a diverse group of individuals that we can provide care in 80 languages. We can also report that anyone walking through our hospital corridors will likely encounter several staff members and patients wearing religious garb or jewelry.

"The MUHC is highly regarded in the public view and it plays a huge role in the culture of Montreal, indiscriminately for all members of the population. I have been told by many patients and families over the years that the MUHC is an institution that is known in Montreal for its really 'human' touch; we care, we give our personal best to our patients, we have compassion for their families."
Clinical Nurse, Montreal General Hospital

And we have an active Pastoral Services Department, comprising employees and volunteers with a broad range of religious affiliations who respond to the spiritual needs of our patients.

"At the MUHC nursing care is based on the McGill Nursing Model. How can patient centered care be offered if the patient's perception is his / her values and beliefs are less important than another's? The MUHC long ago took a stand for inclusiveness when the MUHC Pastoral Care Team

became the MUHC Spiritual Care Team.”
Clinical Nurse, Royal Victoria Hospital

The MUHC is the second leading research institution in Canada. It is very active overseas and collaborates with scientists in over 35 countries worldwide, (See Appendix 4). The world of science tends to coalesce around excellence and for decades we have been able to attract topnotch researchers drawn by our solid record of innovation and by our openness. The financial benefit of the MUHC’s open and tolerant multi-ethnic working environment has contributed to raising our total research endowments from \$85M in 2008 to upwards of \$170M last year.

Our Mission and Values

We take pride in the fact that we are a very diverse community and this is reflected in our mission and values.

Our mission is to:

- Offer our pediatric and adult patients as well as their families compassionate exemplary care, with a specific commitment to treating complex cases.
- Extend the limits of health knowledge through research and integrate this new knowledge into our clinical and teaching practices.
- Provide outstanding health science education to healthcare providers, administrators and the community.
- Assess the introduction, acquisition and use of health technologies and the methods of organizing and providing services.

Our values are:

Service: Patients and their families are our raison d’être. We provide compassionate multidisciplinary care of the highest quality and safety throughout a person’s lifespan. We relate to patients and their families in a transparent way that respects their dignity as well as their cultural and linguistic needs (our emphasis).

Innovation: We foster a culture of inquiry and innovation. We make evidence-informed decisions. We strive continuously to improve our efficiency and efficacy.

Leadership: We develop, use and disseminate continuously new knowledge and expertise that can benefit patients locally and globally. We exercise our influence with a view to improving the functioning of the healthcare system at the local, regional, national and international levels.

Partnership: We work in collaboration with our employees, our ambassadors, as well as our health network partners to ensure comprehensive integrated services across the continuum of care for the population we serve.

Our Code of Ethics (See Appendix 5) stipulates that the MUHC community strives to continually strengthen relationships with all the different groups we serve, based on open communication, mutual understanding, support, and respect for cultural and linguistic diversity. [...] The MUHC does not discriminate on the basis of race, religion, ethnic origin, culture, social status, gender, sexual orientation or health status (our emphasis).

III. Analysis

A Matter of Principle

For the MUHC, Bill 60 is fundamentally a question of human rights. Our opposition is a matter of principle based on the well-established basic rights of Quebecers and the women and men who work within our walls or rely on us for care. Like the Commission des droits de la personne et des droits de la jeunesse we maintain that the Bill 60 is in contravention of internationally recognized human rights.

Individual Rights

It is our sincere view that there is no need for this legislation. Our state and our institutions are already secular and have been so for decades. To our knowledge and that of our Ombudsman, the MUHC has never formally encountered a problem with employees proselytizing in their interactions with patients or other staff members. Nor do we anticipate that this will become a problem in the future.

« Ce n'est pas les religions qui posent problèmes mais des individus »
Administrative Officer, Montreal Children's Hospital

« Tous les Québécois doivent réaliser que la neutralité est dans le comportement et l'attitude des gens et non dans le port de signes religieux »
Clinical Nurse, Montreal Children's Hospital

“Religious accommodation is not a problem in my workplace. We strive to be a place where all religions and backgrounds are welcome. We are multicultural, multi-religious, multi-language. We encourage tolerance of religious practices of our patients and families, especially in the context of end of life care where religiosity and spirituality are particularly evident. Religion sustains some people through the hard times of life, it is not seen as offensive or unprofessional in my workplace, it is respected, appreciated & even celebrated!”
Clinical Nurse, Montreal General Hospital

We have had no complaints from patients concerning a breach in neutrality. We have had no difficulties related to requests for reasonable accommodation. It seems to us that there is not a problem and that it is not necessary to impinge on individual rights in the name of neutrality.

Freedom of Religion

We are uncomfortable with the potential for this legislation to deprive our employees of the right to freedom of religion, a fundamental right that is guaranteed by the Quebec Charter of Human Rights and Freedoms, the Canadian Charter of Rights and Freedoms and by Article 18 of the Universal Declaration of Human Rights. We believe that

employees should never be placed in the position of having to choose between the tenets of their religion and their job.

“Immigrants, such as many friends of mine, fled their respective countries to come to a place where they would not be forced by their own governments to act or dress in a State-mandated way. In Canada, we pride ourselves on our freedoms and tolerance. To allow something like Bill 60 is to allow an institutionalized form of discrimination, which has ZERO benefits other than feeding xenophobia in our society.

Assistant Nurse Manager, Lachine Hospital

Equal Access to Employment

Another right that Bill 60 has the potential to contravene is that of equal access to employment. Our society should be working diligently to guarantee this right rather than undermining it with restrictions on who can be hired or employed.

Equality for Women

As an employer of thousands of women, the MUHC is concerned that this Bill, which claims to champion equal rights for women, in fact undermines them by erecting a barrier to employment.

IV. Impact of Bill 60 on the MUHC

The MUHC has three major missions: the provision of health care, teaching and research. If passed, Bill 60 will negatively affect us in the fulfillment of each of these mandates, and the strongest impact will be felt on our role as a provider of health care.

A. As a Provider of Health Care

By banning the wearing of any clothing or jewelry that is religious in nature, the provisions of the Bill are the most divisive and would place many of our employees in a very difficult position. They will be forced to choose between their religion and their livelihood. The wearing of religious apparel is not merely a clothing option; for the devout it is an important part of their identity and is seen as a sacred obligation. Its removal is not undertaken lightly and for many, the prospect is unthinkable. As we have said above we do not believe that our employees should be put in the position of having to make this decision. Quite apart from our abhorrence of the abrogation of their rights, this law will mean that we shall lose staff. We shall lose qualified physicians, nurses, pharmacists, physiotherapists, radiology technicians, clerical staff and managers: we will lose staff in all positions!

*"You come to hospital for health care not to go to confession.
Within that framework so long as religious symbols do not interfere
with health care, [...], maximum freedom should be allowed."
Physician, Adult Internal Medicine*

Many of these are individuals who have worked in our organization for many years. They are highly trained and very effective in providing the care that our patients need. Their loss will be keenly felt by the organization and will have an impact on the care that we provide.

*"I feel very strongly that this Bill is against any charter
that has been written to protect our human rights.
What we wear on our bodies is part of who we are, our identity.
Whether it is a suit, a scrub, a scarf, hair clip or jewelry.
What people wear, in my experience has never changed how they do their jobs.
Their attitude, work ethics and professionalism are."
Manager, Information Services*

One of the challenges in running a large healthcare institution such as ours is to ensure that we have appropriate staffing in the numerous disciplines and amongst the large number of professions that we employ. There are always staff shortages in one or more professions, and the market for these professionals is very competitive. We have ongoing and often chronic needs for staff in a number of areas including nursing, respiratory therapy, laboratories, medical imaging, radio diagnosis, professionals in various disciplines, administrative support positions and auxiliary services. Recruiting to

fill these vacant positions is difficult as it is; having to do so with one hand tied behind our back by virtue of Bill 60 will make it even more difficult.

The problems that we will have in the short term trying to fill areas with shortages will eventually spread to include all the categories of employees that we need. Our prospective employee pool in Montreal will decrease not only because wearers of religious clothing will be excluded, but also because people who are opposed to this law and what it says about the values of our society will not stay in Quebec. Further, just as we, as an employer, cast our net across the country, into the U.S. and overseas in our search for prospective employees, those other provinces and countries are looking to our highly educated Quebec graduates as possible employees in their hospitals. This bill will only strengthen their hand. Our employees are mobile and attractive to prospective employers. Some 125 individuals have told us they would expect to lose colleagues or to personally seek employment elsewhere.

"I'm not sure that I would be able to continue to work in such a province. If this legislation passes and is not rapidly reversed by a change in government, it is very likely that my wife (a McGill professor as well) and I will begin to prepare ourselves and our family to leave Quebec. Both my wife and I are agnostic ...so neither of us wears any religious symbols."
Physician, Researcher, infection and Immunity

When an Ontario hospital launches a campaign with the slogan "We Don't Care What's on Your Head. We Care What's in It", it's time to become concerned about our ability to retain personnel.

Let's not forget too that apart from making us susceptible to losing our own employees, the reputation that this Bill will garner for us nationally and internationally will make it more difficult for us to attract high-calibre candidates, be they individuals who wear religious clothing or jewelry or those who are uncomfortable in a state that prohibits it for their employees. The message we are sending is that you are not welcome here.

Providing excellent health care in often complex cases is what we do. Equipment, facilities,

**WE DON'T CARE
WHAT'S ON
YOUR HEAD.**

WE CARE WHAT'S IN IT.

We're Lakeridge Health, a leading hospital in the Greater Toronto Area. Our focus is on safety and quality, and we're looking for people like you to join our team of health professionals. Check us out: www.lakeridgehealth.on.ca

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Lakeridge Health

and medication are all important, but what is truly crucial to us in the accomplishment of our mission is our teams. If we start to lose them and if we find it hard to recruit top quality people, the care that we give will be compromised, waiting lists will grow and the health of Quebecers will suffer.

B. On our Teaching Mission

Every year, the MUHC trains close to 3,000 people. This includes 825 medical and surgical residents, 1,075 nurses, 450 medical students and 525 allied health students. As an affiliate of McGill's Faculty of Medicine, we have an international reputation and are able to attract residents and fellows from many countries. As a result of international exchanges, a certain percentage of post-graduate medical trainees come to us from outside of Canada, representing additional, valuable resources within the Quebec health care system, both human and financial, especially in cases where training is sponsored by the respective government. This is a benefit the charter would clearly jeopardize.

"Let's make a scenario here; there is a world-class Endocrinologist that works here and he happens to be Sikh and wears a turban. He treats children with a very rare disease needing a life-saving enzyme therapy, still in the research phase. His turban is a mandatory piece of clothing that he stands by, and has to wear. He cannot work without it.

Are you ready to pull the plug on the life-saving enzyme therapy because this Doctor can no longer work here? Can you ethically even do that???"

Registered Nurse, Montreal Children's Hospital

C. On our Research Mission

If Quebec develops a reputation as a restrictive society, which will certainly happen if the charter passes into law, the impact on the ability of the MUHC to recruit top tier scientists will be substantial. Further in what is a very competitive world, it is likely to affect our capacity to attract grants and to result in reduced funding.

"Without trainees, research, MUHC will be a community hospital"
Physician, Cardiology, Royal Victoria Hospital

"I believe that the diversity of the MUHC in its staff, population served, acceptance and integration of all races is representative of the world-class institution it is known as. If the genius to cure cancer or find the elixir for the fountain of youth or raise the dead, was wearing headgear or any symbol of any kind, I wonder, would we force him/her to take it off before making the announcement to the world?"

Would not the origin of the person be praised and celebrated for the sheer ingenuity and miracle of the feat whilst people who benefitted from the discovery not give a hoot about what the religious beliefs might be. It would be another attestation that ALL men (and women) ARE created equal."

Advisor, MUHC Transition office

The difficulties inherent in implementing the charter are particularly apparent in the area of research where the chapter 5 provisions apply differently to people depending on their funding sources. So one research assistant in a lab would be forced to remove her veil, while her colleague would have no such restrictions.

“Teaching and research will also be adversely affected as in order to provide excellence in care we need to develop and create tools that are effective with our target populations. To do this we need to collaborate with our ethnic communities. Bill 60 generates division not collaboration.”
Clinical Nurse, Royal Victoria Hospital

D. On our Role as Employer

The MUHC has a workforce of 14,400 people. We also have on site hundreds of individuals who contribute to our mission but who are not our employees, including students in the full range of healthcare disciplines, stagiaires, and volunteers. Bill 60 will affect our relations with all of these people.

Maintaining morale in a complex working environment with constant stress caused by volume of activity and funding issues is always a challenge. And yet it is essential to optimize the care that we provide. The imposition of the charter would have a very detrimental effect on staff morale. It is divisive in nature and will isolate groups of employees. And the fact that it will cause staff shortages will have a further negative impact.

“It creates a rift: a sense of inadequacy and discomfort in me, in my colleagues, and in my patients [...] I am certain that this legislation will deteriorate the therapeutic physician-patient relationship that I work so hard to foster and preserve. [...] Bill 60 places tremendous personal stress on people because it calls into question their individuality and it forces unwanted conformity. If MUHC employees do not feel comfortable and supported at the workplace, their performance will certainly deteriorate. I have a very realistic fear that I will lose colleagues and patients due to the restrictions of Bill 60. This has numerous negative implications on the efficiency and quality of the services MUHC provides. It also tarnishes the reputation of this centre, which will make it difficult to recruit gifted researchers, teachers and clinicians.”
Physician, Montreal Children’s Hospital

Furthermore, the Bill imposes on the employer the policing of the application of its provisions. Section 14 of the Bill imposes disciplinary measures upon the contravening employees.

*It is not feasible for the institution to be imposing sanctions.
It will create a police state feeling to the institution*

The impact of such provision will go beyond its desired effect. Our consultation demonstrates that even nonreligious adornment bearing employees would react negatively, even consider resigning, should the institution discipline employees for bearing a religious symbol. Furthermore, the application of Chapter 5 of the law would make us vulnerable to lawsuits from employees who feel that their Charter rights have been infringed upon.

A further issue is the requirement to impose the provisions of the charter on our suppliers. Section 10 of the Bill is written in a language so broad and vague that it could hardly be enforced by the MUHC. This imposes an impossible burden on us and is neither feasible nor appropriate. Furthermore, this provision makes for unequal treatment of such suppliers depending if they interact with private entities or public bodies. Could this provision entail in the future that current suppliers decide not to contract with the MUHC given these restrictions? Would the MUHC be faced with a more reduced number of suppliers or service providers? This would also go against the *Act on Contracting by Public Bodies*, which asks institutions not to be restrictive in their criteria allowing for the greatest number of potential bidders as possible. And what happens if a supplier refuses to abide? Do we cancel the contract and go the next closest bidder, thus creating more costs for the MUHC? Would that drive the costs of healthcare upwards? Given the current context, such financial constraints could become unbearable.

IV Conclusion

As Quebecers we take pride in having built a secular society, where fundamental rights are guaranteed by the Quebec Charter of Human Rights and Freedoms, the Canadian Charter of Rights and Freedoms and by Article 18 of the Universal Declaration of Human Rights. We welcome women and men regardless of their ethnic, linguistic or religious background and as a result we have become a model for tolerance and openness. In encouraging the MUHC to take a strong stand against the Bill, a member of our administrative staff emphasized, “We live in a multicultural society which should be proud of its diversity not trying to suppress people’s freedoms and rights. Free dress and free speech is our right!”

We are troubled that Bill 60 does not reflect our long-held values, and the MUHC community is united in its opposition to this poorly conceived draft legislation. If passed, it will negatively impact patient care, waiting lists, staff morale, staff retention and staff recruitment.

As underscored by the positions taken by our unions, our staff and our health care professionals and by the hundreds of individuals who responded to our consultation document, the MUHC maintains:

- 1- that Bill 60 should be withdrawn;
- 2- should Bill 60 be passed in its present form, the MUHC will not apply for an exemption;
- 3- should Bill 60 be passed in its present form, the MUHC will initiate legal procedures to prevent its implementation.

APPENDIX 1



McGill academic health network affirms belief in freedom to express faith

In the context of the proposed Charter of Quebec Values and its proposal related to the wearing of conspicuous religious symbols by state employees, the McGill University Health Centre, the Jewish General Hospital, St. Mary's Hospital Center, the Douglas Mental Health University Institute and the McGill Faculty of Medicine – affirm their shared and steadfast belief in providing an open and welcoming environment to all doctors, health care professionals, scientists, support staff, students, residents, volunteers and patients where they are free to wear unconcealed religious symbols. We believe exercising this choice in no way impedes one's capacity to carry out his or her professional activities in our academic and hospital communities.

Over the decades, the teaching hospitals affiliated with the McGill Faculty of Medicine, supported by a diverse and devoted community of doctors, health care professionals, support staff, scientists, residents, students and volunteers, have served with great pride and expertise Quebec patients from across the province, from different cultural, social, linguistic, religious and other backgrounds.

Together, we are committed to creating an environment that represents a wide range of cultural, religious and other perspectives, to provide excellence in education, research and health care for Quebec society.

Dr. David Eidelman
Vice-Principal (Health Affairs)
Dean of the Faculty of Medicine
McGill University

Mr. Normand Rinfret
Director General and CEO
McGill University Health Centre

Dr. Hartley Stern
Executive Director
Jewish General Hospital

Mr. Ralph Dadoun
Interim Director General & CEO
St. Mary's Hospital Center

Ms. Lynne McVey
Executive Director
Douglas Mental Health
University Institute

APPENDIX 2



November 14, 2013

MUHC position on Bill 60 (Secular Charter)

When Bill 60 was tabled, I stated on behalf of the MUHC, "As an academic health institution, our priority is to provide the population we serve with exceptional care. We believe this is best done by recruiting a diverse and dedicated group of health-care professionals, support staff, scientists, (medical) residents, students and volunteers, who are measured by their competencies and quality of their work."

This is the position that the MUHC has taken on its own and in collaboration with the members of the McGill Academic Health Network since the Government of Quebec first made public its proposed Charter of Quebec Values in September.

In moving forward we will continue to welcome talented healthcare professionals from a diversity of faiths and ethnic backgrounds on our staff and defend their right to wear conspicuous items of clothing with religious symbols. As we have repeatedly stated, we believe exercising this option in no way impedes their capacity to carry out their professional functions at the MUHC.

A valued prerequisite for working at the MUHC is a commitment to providing the best possible care and to the advancement of our academic health care mission. In doing so, we at the MUHC will continue to serve patients from various backgrounds with pride and dedication.

In looking ahead, I wish to be clear that we will continue to make our position known in the weeks and months ahead, filing a brief with the National Assembly Committee reviewing Bill 60 and collaborating with other institutions and organizations who share our view.

Normand Rinfret

APPENDIX 3

Letter from the Council of Physicians, Dentists and Pharmacists



CONSEIL DES MÉDECINS, DENTISTS ET PHARMACIENS COUNCIL OF PHYSICIANS, DENTISTS & PHARMACISTS

Au Centre universitaire de santé McGill (CUSM), nous sommes des travailleurs et des travailleuses de la santé, francophones, anglophones et allophones, de diverses cultures, qui travaillent ensemble dans l'harmonie. Nous nous efforçons de servir le public avec respect, dignité et compétence professionnelle, en offrant des soins médicaux de la plus haute qualité.

Notre groupe de médecins, stagiaires, étudiants(e), infirmiers(ère), dentistes, pharmaciens(ne), techniciens(ne) et autres professionnels de la santé comprend des collègues qui portent le turban, le hijab, la croix ou la kippa comme symboles de leurs croyances religieuses individuelles. Ces collègues servent le public avec le même respect, la même dignité et la même compétence professionnelle que ceux et celles d'entre nous qui choisissent de ne pas porter de signes religieux dans l'exercice de leurs fonctions.

L'hôpital est différent des autres édifices et institutions de notre communauté. C'est un lieu privilégié, où ont lieu des événements charnières de nos vies. Pour plusieurs membres de notre société, l'hôpital est l'endroit où nous naissons, où nous mettons au monde nos enfants, où nous rencontrons de la souffrance et de la maladie, et où nous, et les personnes que nous aimons, mourons. Surtout, l'hôpital est un lieu où la personne humaine fait face à sa fragilité et à sa vulnérabilité. À cause de sa position particulière dans les moments importants de nos vies, l'hôpital est un lieu où il est primordial de respecter les croyances morales, religieuses et culturelles de tous ceux qui le fréquentent.

En tant que professionnels de la santé nous sommes habilités à apprécier et à respecter l'importance des croyances religieuses dans le contexte de la souffrance et de la maladie et dans les décisions de vie et de mort auxquelles font face nos patients et leurs familles. L'éthique médicale, la loi et notre serment médical requièrent que nous respections les croyances religieuses et culturelles de nos patients. Nous sommes liés par notre serment médical, à ne pas permettre que des considérations d'âge, de maladie ou d'infirmité, de croyance, d'origine ethnique, de sexe, de nationalité, d'affiliation politique, de race, d'inclination sexuelle, de statut social ou de tout autres critères s'interposent entre notre devoir médical et nos patients. Dans notre institution, nous accommodons fréquemment les patients pour des raisons religieuses, linguistiques ou de confort envers le sexe opposé, tout en prodiguant les meilleurs soins possibles.

De la même façon que nous respectons les croyances religieuses et culturelles de nos patients, nous respectons aussi les croyances religieuses et culturelles de nos collègues. De fait, nous respectons le droit de nos collègues de pratiquer la profession qu'ils ont choisie en portant les signes de la religion qu'ils ont choisie.

Par conséquent, nous du Conseil des médecins, dentistes et pharmaciens (CMDP) du CUSM, nous nous opposons vigoureusement à l'article du projet de loi n° 60 qui interdit le port de signes religieux ostentatoires par les employés du domaine de la santé. Cette portion de la loi va à l'encontre de nos valeurs fondamentales.

Nous sommes d'avis que le port de vêtements et/ou de signes religieux par les employés(e) du secteur de la santé ne nuit aucunement, de quelque façon que ce soit, à la prestation des soins de santé. Dans la mesure où les services sont offerts avec professionnalisme, compétences, courtoisie et respect, aucune législation ne devrait restreindre la liberté de religion ou d'expression, ce droit étant garanti par la *Charte canadienne des droits et libertés* et par la *Charte des droits et libertés de la personne*.

At the MUHC, we are francophone, anglophone and allophone health care workers from diverse cultures who work together in harmony. We strive to serve the public with respect, dignity and professional competence by providing medical care of the highest quality.

Within our group of physicians, trainees, students, nurses, dentists, pharmacists, technicians and other allied health personnel, some colleagues wear turbans, hijabs, crosses or kippot as symbols of their individual religious beliefs. These colleagues serve the public with the same respect, dignity and professional competence as those of us who choose not to wear religious symbols in the exercise of our duties.

The hospital is unlike other institutions and buildings in our community. The hospital is a privileged place, where key events of our lives are experienced. For many in our society, the hospital is where we are born, where we bring our children into the world, where we face illness and suffering, and where we and our loved ones die. It is also a place where we face our own fragility and vulnerability. Because of its particular position in these key moments of our lives, the hospital is a place where respect for moral, religious and cultural beliefs is primordial.

As healthcare workers, we are trained to appreciate and respect the importance of religious beliefs in the context of illness and suffering, and in the context of the life and death decisions faced by our patients and their families. Medical ethics, the law and the Physicians' Oath require us to respect the religious and cultural backgrounds of our patients. Indeed, the Physician's Oath does not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor, to intervene between a physician's duty and their patient. Within our institution, we commonly accommodate patients for reasons of religion, linguistics or gender while providing the best possible care. In the same way that we respect our *patients'* cultural and religious beliefs, we also respect our *colleagues'* cultural and religious beliefs and their right to practice their chosen profession while wearing the symbols of their chosen religion.

Therefore, based on the broad sentiment of our membership, the Council of Physicians, Dentists and Pharmacists (CPDP) of the MUHC strongly opposes the portion of Bill 60 that prohibits health care workers from wearing religious symbols and/or clothing. This portion of the Charter goes against our core values. We wish to emphasize that religious symbols and/or clothing **do not compromise the delivery of healthcare services** in any way, shape or form. As long as these services are delivered with professional competence, courtesy and respect, no legislation should be allowed to override the freedoms of religion or expression that are guaranteed by the Canadian Charter of Rights and Freedoms and by the Quebec Charter of Human Rights and Freedoms.



Dr. Pramod Puligandla
Président CUSM / MUHC Chair
Président CMDP HME / CPDP MCH Chair



Dr. Jean Deschenes
Président CMDP HRV/ CPDP RVH Chair



Dr. Marie Duclos
Présidente CMDP HGM/ CPDP MGH Chair



Dr. Jeffrey Hall
Président CMDP HNM/ CPDP MNH Chair



Dr. Paul Saba
Président CMDP Lachine/Chair CPDP
Lachine

Motion from the Users Committee

Motion made by Paul Horowitz, seconded by Evelyn Seligman, both members of the MUHC Users' Committee

The mandate of the MUHC User's Committee is to represent patients' rights and to ensure that they receive the best care possible. One strength of our institution is the diverse population which we serve, and the commitment and dedication of the professionals and employees who serve them. The staff come from many different religious and cultural backgrounds.

In our hospitals they can be seen wearing hijabs, turbans and kippahs. Many have worn these head coverings their entire adult lives and consider them an integral part of their identity.

They believe that the government's demand for them to remove their religious headgear is a repudiation of their religious faith. This part of Bill 60 is unjustifiably discriminatory and represents a denial of religious freedom.

The MUHC is in danger of losing the services of these professionals and employees. The MUHC's stated decision to apply for an exemption would only give the personnel who wear religious headgear the time to seek employment elsewhere.

The MUHC Users' Committee is strongly opposed to that part of Bill 60 which expects employees in the health sector to remove head coverings that are a religious symbol. We recommend that the MUHC Board of Directors categorically refuse to accept the implementation of the policy of exemption.

This motion should be sent to the members of the MUHC Board of Directors as soon as possible.

December 9, 2013

Message from the President of the Syndicat des professionnelles en soins infirmiers et cardio-respiratoires du CUSM (SPSICR-CUSM)

Last December 2, 3, 4 and 5, FIQ held their Federal Council meeting in Laval. The MUHC delegation was present to put forth our opinions on various important topics. One such subject was on the Quebec Secular Charter. The results of a survey composed of 647 FIQ members was presented to us which led FIQ to propose that we pronounce ourselves in favour of the Quebec Secular Charter as deposited by the Quebec government. That is, "...the FIQ take a public stand in favour of the secular charter by confirming the neutrality of the state, the principle of equality between men and women, the necessity for guidelines in order to regulate the request for religious accommodations and in favour of banning visible religious symbols for all employees in the public service."

Knowing that we have diverse religious communities, that we did not have the possibility to consult our members and furthermore, we at the MUHC have not encountered any major issues with people wearing religious signs in our establishments. It was impossible for us to be in agreement with this proposition as presented. We tried to modify the proposal but it was in vain.

As we could not support this position, we deposited our dissidence. It was inconceivable for us to take a decision about the fundamental values of our members. I firmly believe we have carried out our role as union delegates by representing all of our members in their diversity in this particular issue. Please note that our employer is presently holding consultations on the Quebec Secular Charter (Bill 60). I strongly encourage you to submit your comments and opinions before Dec. 16, 2013 in order to enrich the content.

In Solidarity,

Line Larocque
President SPSICR-CUSM

2013-12-06

APPENDIX 4

International visibility of the RI-MUHC



**Collaborations with more than 35 countries
worldwide**

APPENDIX 5

MUHC Code of Ethics

June 14th, 2002

Preamble

In pursuing the mission of the MUHC, staff work to combine patient care, education and research, while creating an atmosphere of inquiry, innovation and self-evaluation. We also aim to share our expertise in the treatment of disease, in the prevention of illness or injury, and in the promotion of health with other institutions and professionals in a collective effort to address our society's health care problems. The MUHC community strives to continually strengthen relationships with all the different groups we serve, based on open communication, mutual understanding, support, and respect for cultural and linguistic diversity. In keeping with its charter and tradition, the MUHC emphasizes:

- Its primary concern for respecting the autonomy of patients and their loved ones
- The highest ethical and legal standards of professional practice
- Its commitment to excellence in clinical care, research and teaching
- Loyalty to its community
- Its commitment to basic principles of justice and the fair allocation of health care resources

Every member of the MUHC community shares the responsibility for treating with respect those who turn to us for help. We should try to have them feel comforted and secure. This code of ethics reflects this responsibility, and our commitment to having our practices and daily conduct reflect the values and beliefs of our institution.

We consider the following guiding principles to be very important in the task of creating a healing environment:

- Mutual respect
- Privacy
- Promoting open communication
- Preservation of confidentiality
- Informed care and treatment decisions
- Providing care in a compassionate, responsible manner
- Access to health information

Mutual Respect

Every person should be treated with respect. This should be reflected in the attitude, communications and actions of staff, patients and family. Respect requires sensitivity to:

- every person's right to make decisions about himself or herself (the right to self-determination)
- the right to human dignity and privacy
- people's attempts to communicate, in their own manner, their experience of their illness, ailments or symptoms

Staff will treat patients and their families with courtesy, fairness and understanding. The MUHC does not discriminate on the basis of race, religion, ethnic origin, culture, social status, gender, sexual orientation or health status.

The MUHC recognizes that children and adolescents have particular needs. Staff will respect and attempt to meet those needs in accordance with the hospital's mission, available resources and the needs of other children and their families.

Everyone has a collective responsibility to ensure that the MUHC provides a safe, civil environment. Staff members, patients and visitors should not have to experience harassment or abuse. They must be made to feel they can discuss incidents of abuse without fear of reprisal. Clear directives must be available so people will know with whom they could discuss such incidents.

Confidentiality

Confidentiality is the right to have information kept private. The notion of confidentiality is understood as covering the written medical record as well as any information disclosed by patients, their families or third parties. Confidentiality should be assumed unless specific release of information is authorised by the patient, the parents or guardian (in the case of a minor less than 14 years old) or the law. The patient's permission is required to discuss their case with anyone outside of the medical team. If the patient is unable to communicate, health-related information may be discussed with:

- the person who has been chosen to speak on the patient's behalf
- the closest family member, or
- the patient's legal representative (if there is one).

Medical records will be treated with a similar respect for confidentiality. Staff will have access to the medical file only for the purposes related to the provision of comprehensive health care, or when engaged in facility-approved education or research. In the case of chart use in education or research, every effort will be made to ensure appropriate privacy or anonymity.

Information about patients, their health status or their care will be considered confidential within the treating team. Staff may discuss information about their patients' health condition with either members of the multidisciplinary treating team or other staff as necessary for diagnosis or treatment. The same obligation to respect confidentiality is expected of all staff who have contact with the patient. Information should be released to an outside institution or physician as needed to ensure continuity of care, but again only upon signed consent. Information may also be released without specific consent in exceptional circumstances as is allowed by law or court order.

Access to Medical Files

Patients may have access to their medical file upon request unless, by exception, the treating physician believes it is temporarily not in the patient's best interest. A professional staff member will be present when patients review their file. Access by any other party to a patient's medical record will be allowed only with appropriate authorisation or by court order. Access for research purposes may, under some circumstances, be granted by a Research Ethics Board. Appropriate safeguards for privacy and confidentiality must then be respected.

Privacy

Privacy is understood to be the right to be free from inappropriate intrusion. Staff recognize that every patient has the right to have his or her dignity and modesty respected. Treatments, examinations and personal care will be conducted in a manner that respects the dignity and privacy of the patient.

In turn, it is expected that both children and adults, be they patient, family or visitor, show consideration for the dignity and privacy of all those with whom they come into contact during the time they spend in our hospital.

Open Communication

Open communication is understood as including many dimensions, from something as simple as "whom am I speaking to" through something as potentially complex as being able to really understand the pros and cons of a particular medical intervention. Staff will endeavour to foster open communication through:

- wearing ID's and introducing themselves

- primary care staff explaining their roles
- providing care in English, French, and other languages when necessary
- allowing time for decisions, in keeping with the demands of the clinical situation
- providing information about care and services in our institution, and how to access ongoing care when patients leave
- addressing the questions and concerns of patients and family members
- facilitating informed decision making by patients
- the availability of an ombudsman and a patient complaints procedure
- implementing the hospital policy of disclosure of "untoward events": if an error is made in the care of a patient, they will be informed of the error, its probable consequences, and what corrective action will be taken
- promoting effective communication amongst different MUHC departments, branches, teams and professionals

Informed Care and Treatment Decisions

Central to informed consent is the principle that a competent person's informed decision should be respected. Patients should be assisted to make the best decisions they can about their health care. In order to do this they should:

- be given the information they need about:
 - their illness
 - the range of tests, treatments or research studies available
 - the purpose, benefits, risks, possible side effects and consequences of any tests, treatments or research studies
 - the identity and role of those taking care of them
 - the right to refuse a test or treatment
 - the likely consequences of refusing offered treatments
 - the right to refuse to participate in research
 - the right to withdraw consent at any time
- be given this information in clear, understandable language in an environment where open discussion is possible. If necessary, patients can request and receive assistance in order to understand and make decisions.
- be given time to think about this information before making a decision
- be involved in ongoing discussions as the case evolves
- be asked about the role they would like their family to play in matters of health-care decisions, particularly if there are concerns about them becoming incapacitated or unable to speak for themselves. They should be offered assistance in bringing these issues to the family's attention, if appropriate.

It is recognized that patients have the right to choose someone else to speak for them and make decisions should they become unable or need assistance. Similarly, a patient's right to change his or her mind about a decision, or to request a second opinion shall be respected. There are special circumstances surrounding informed decision making, including:

- incompetent persons

- children and adolescents
- emergency situations
- delegated consent
- informing third parties
- advance directives

When dealing with these situations, the hospital staff will endeavour to respect the basic principles outlined above, while taking into account relevant legislation.

In the case of children and adolescents, both the family and the child's involvement are important in successfully caring for and treating our patients, and they both play an important role when it comes to ensuring optimal care. This involvement includes participation in any decision affecting the state of health or welfare of the patient.

Clinical and Research Safeguards

MUHC staff will take all necessary precautions to assure the safety of each person in our hospital and make every effort to protect children and their families from harm.

As per hospital policy, patients will be informed of untoward events which developed or occurred during their care.

All clinical research will be conducted within accepted ethical standards, and only after review and approval by the appropriate Research Ethics Board. Patients may refuse to engage in a research project, or withdraw from participation in a project at any time without fear that this will influence their care or that of their family members in any way.

Responsibilities of patients

Patients should treat other patients and staff with respect. Patients should understand that the hospital's excellence in clinical care is closely tied to its commitment to teaching and research. Patients should be as involved in their own health care as much as possible. This includes:

- asking about things that concern them or that they do not understand
- making the best decisions they can about their care,
- discussing their wishes, preferences and decisions with the staff,
- taking part in their care plan,
- being conscientious consumers of health care.