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POSITION PAPER

Freedom of and From Religion

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Introduction

The Canadian Charter of Rights and Freedoms (Part I of the Constitution Act, 1982)[1] guarantees the rights and freedoms set out in it subject only to reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society. The Charter details four fundamental freedoms: freedom of conscience and religion; freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication; freedom of peaceful assembly; and freedom of association. Section 15(1)[1] of the Charter also indicates that every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability.

The application of religion to everyday life has historically not been without its problems and benefits. Societies that contain dominant religions have in some cases promulgated laws specific to that religion that have precluded other religious groups from practising their religion in peace and harmony. To allow for the multitude of religious and spiritual beliefs, many societies—including Canadian society—have separated church and state, which allows for secular government and the ability for citizens to practise their religion of choice freely and openly.

In our diverse and multicultural society, any potential emphasis on spirituality and religion may affect the way we practise psychiatry, as well as the way we design and deliver mental health services. Our provincial and territorial regulatory bodies and colleges may be required to rule on issues pertaining to religion and practice. In addition, the training and academia domains at the undergraduate, postgraduate and national level (Royal College of Physicians and Surgeons) will likely

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Note: It is the policy of the Canadian Psychiatric Association to review each position paper, policy statement and clinical practice guideline every five years after publication or last review. Any such document that has been published more than five years ago and does not explicitly state it has been reviewed and retained as an official document of the CPA, either with revisions or as originally published, should be considered as a historical reference document only.

be required to deal with issues that reflect culture and religion as it affects training.

In accordance with the Canadian Charter of Rights and Freedoms, the Canadian Psychiatric Association (CPA) acknowledges that every Canadian has the fundamental freedom of conscience and religion, and also the freedom of thought, belief, opinion and expression. In a manner consistent with these freedoms, and the Charter, psychiatric care must be provided with the overarching goal of achieving the best possible health for individual patients.

However, there is the potential for friction between two of the fundamental freedoms within the Charter, a charter that does recognize the supremacy of God and the rule of law. Unfettered freedom of conscience and religion may, when religion is dominant, negatively impact freedom of thought, belief, opinion and expression when it comes to other ideas, other religious or spiritual beliefs, or even agnostic or atheist perspectives.

Canada has been considered a multi-ethnic country, with an expectation of freedom of religion. However, it is possible that religious groups' belief systems may be sufficiently strong and powerful that they may preclude or affect the ability of mental health professionals from providing person-centred appropriate psychiatric care.

Freedom of religion and issues around spirituality in psychiatry are addressed in thoughtful papers elsewhere. Most papers that examine religion and psychiatry argue for the need to address spirituality within the therapeutic relationship.[2–5] This may be an important discussion, especially given the extent of religious beliefs in most communities and the relative lack of religious beliefs in psychiatrists compared to other physicians.[6] Education and awareness of other views of the world, be they religious or cultural, will make for better informed and sensitive care.[7,8] This paper addresses the issue of freedom from religion in our culture where freedom of religion is acknowledged.

Discussion

Historically, religious orders have played a significant and important role in the delivery of health care services in Canada and elsewhere. Religious orders and religious-based hospitals have become public general hospitals funded by the provinces. The religious imperatives and doctrine within those organizations have become less obligatory; however, there still exists the potential that religious organizations may favour and advance one particular religious belief system over another when providing health care services that otherwise should be secular in nature. Psychiatry does deal with belief systems and the idea that psychiatric care is contingent on the acceptance of one particular religion over another would be an anathema for most Canadians. However, complicating this is the idea that, in accepting the existence of a multitude of religious belief systems present in our Canadian mosaic, certain organizations may directly or indirectly influence patients to acknowledge a belief system, as opposed to allowing for individuals to express or not to identify their religious or spiritual perspective.

Cultural sensitivity has at times given health care providers opportunity to not deliver certain health care when the type of health care conflicts with their own belief system. Some debate and the strong opinions of the various sides have been sufficient that certain organizations and providers have refused to, and, in fact, have been allowed to not provide certain basic health care services, such as contraception or termination of pregnancy. Often the regulations around those decisions have a rationale that may include allowing the provider to not deliver services if the recipient of those services is not in urgent need, or there are alternatives, and the provision of those services conflict with their religion or belief.

Some providers (and patients) have gender preferences whereby their wish may be to see either a provider or a patient of the same sex, not ask certain questions for fear of offending a particular group, only interview certain family members with other family members present, not take sexual histories, not take histories of abuse, not be allowed to see children on their own and (or) refuse to see or treat people who otherwise would not be considered of their own sexual orientation. Many of these decisions may be driven or influenced by many factors, such as personal belief systems, cultural biases, racism, sexism, homophobia or cultural sensitivity. Despite statements of sincerity, these may be insufficient to distinguish prejudice from cultural or religious belief. Similarly patients with a strong religious belief system may feel unsupported, belittled, or even depreciated for holding nonscientific beliefs by a provider with no such beliefs.

In finding the balance between allowing for religious freedom within a psychiatric setting and also ensuring that boundaries are not violated, it is our position that it is critical to pay attention to the potential for and prevention of abuse. The potential for abuse is sufficient that the clinician's own belief system should not influence the therapeutic relationship. Proselytizing is clearly inappropriate, but it is the more subtle influences of religious or spiritual beliefs for which we need to be aware and on guard.[9] The inherent power differential between patient and therapist cannot be ignored when cultural symbols or religious beliefs intrude.

The interaction of our theory-laden interpretations of the world as clinicians with the religious and spiritual lives of our patients provides considerable possibility for distortion and misinterpretation.[10]

Our own personal belief systems can affect care delivered unless we are alert to the potential. It can be as innocent as asking questions about a patient's religious or spiritual belief systems, with the implication that the expectation is to answer in the affirmative, as opposed to acknowledging the potential for no religion or spiritual belief system.

Psychiatrists are also reminded to consider the Canadian Medical Association's Code of Ethics and the principle "To consider first the well-being of the patient."[11, p 1]

Statement

The CPA acknowledges that all Canadians have, as a fundamental freedom, freedom of conscience and religion, and that they should be able to practise their religion freely and unfettered. In addition, the CPA acknowledges that Canadians have, as a fundamental freedom, freedom of thought, belief and opinion, sufficient that they should be able to communicate with and access psychiatric care free of religious ideas or belief systems foreign to them.

Canadian psychiatrists should not allow their personal religious or cultural beliefs (or lack thereof) to interfere with, influence unduly or preclude, in any way, psychiatric care to their patients.

For these reasons, we believe that psychiatric care, while sensitive to the spiritual, religious and cultural needs of the patient, needs to be provided in a secular fashion, attending to the best and most appropriate needs of the individual. It is important that psychiatrists, when they treat patients, do not allow their own religious beliefs or lack thereof to restrict or negatively affect the care they deliver to the patients that they serve and support.

References

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