CPSBC College of Physicians and Surgeons of British Columbia

First Nations Health Authority
Health through wellness

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Joint statement on forced and coerced sterilization

The College of Physicians and Surgeons of BC (CPSBC) and the First Nations Health Authority (FNHA) stand united against forced and coerced sterilization. This joint statement is being issued now in response to the Canadian Senate Standing Committee on Human Rights on forced and coerced sterilization of persons in Canada (2022), and the release of the FNHA and Perinatal Services BC (PSBC) shared decision-making guide and form, *Informed Consent for Contraception*.

A recent Canadian Senate report, *Forced and Coerced Sterilization of Persons in Canada* (2021) recognizes that the practice largely impacts marginalized groups and people in situations of vulnerability, including Indigenous, Black, and other people of colour, leading to loss of connections and identity, and women being deprived of their human right to bear children. The practice further impacts intergenerational passing of culture, language and caretaking. The report states that the practice of forced and coerced sterilization continues to occur despite widespread awareness, and that it is both underreported and underestimated.

Understanding reproductive rights includes a strong comprehension that everyone has a right to free, prior and informed consent. Unwanted sterilization may cause irreparable physical, mental, spiritual and emotional harms to patients, their families and communities.

When informing patients about family planning, physicians must be guided by the laws that govern them, including human rights, practice standards and guidelines, the CMA *Code of Ethics and Professionalism*, and scientific evidence. Further, and as outlined in the College practice standard, *Indigenous Cultural Safety, Cultural Humility and Anti-racism*, physicians must demonstrate cultural humility, which begins with a self-examination of one's own values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consider how this may impact the therapeutic relationship with Indigenous and other marginalized patients.

The CPSBC and the FNHA share concerns that patients are unable to provide informed consent about sterilization if they are under duress, feel threatened, are sedated, are under stress (e.g. immediately post-partum), do not understand medical language within consent forms and/or counselling, or have been removed from their community without support or strong advocates.

Says Unjali Malhotra, MB ChB, medical director, women's health, FNHA, "Reproductive consent must be culturally safe, free of bias, non-racist, communicative, easily-understood, and must involve shared decision-making over time. Birth control decisions, including declining, are the choice of the patient and the patient alone. The requirements of consent are heightened in those who have been discriminated against, like First Nations, Métis and Inuit people."

Says Heidi M. Oetter, MD, registrar and CEO, CPSBC, "The relationship between a physician and a patient is fiduciary in nature where the physician is in a position of power and authority over the

patient. A potential issue may arise if there is discordance between the view and beliefs of the physician and a patient, or their family. Physicians have a duty to prioritize a patient's care and well-being, and must never allow personal views, opinions and biases to conflict with their professional, ethical and legal obligations."

The CPSBC and the FNHA are committed to ensuring physicians acknowledge and respect a person's right to make decisions about their reproductive health in a supportive environment that is culturally safe, and without fear of coercion.