



Women's Legal  
Education and  
Action Fund | Fonds d'action et  
d'éducation juridiques  
pour les femmes

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**LEAF (Women's Legal Education and Action Fund)**

**Submission to the Standing Committee on Private Bills and Private Members' Public  
Bills of the Legislative Assembly of Alberta**

*Respecting Bill 207, Conscience Rights (Health Care Providers) Protection Act*

**November 21, 2019**

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## 1. Introduction

The Women's Legal Education and Action Fund ("LEAF") makes the following submission to the Standing Committee on Private Bills and Private Members' Public Bills ("the Committee") in opposition to the proposed *Conscience Rights (Health Care Providers) Protection Act* found in Bill 207 ("Bill 207"),<sup>1</sup> which recently passed first reading in the Legislative Assembly of Alberta.

It is LEAF's position that Bill 207 is an unjustifiable infringement of the sections 2(a), 7, 15, and 28 rights guaranteed under the *Canadian Charter of Rights and Freedoms* (the "Charter").<sup>2</sup> The bill allows health professionals to refuse to provide specific health care services – and to deny service to particular individuals – based on their "conscientious beliefs." In so doing, it interferes with Albertans' right to liberty and security of the person protected by s. 7 of the *Charter*. It also creates a very real potential for discrimination against groups protected by ss. 15 and 28 of the *Charter*. The bill would have a disproportionate and discriminatory impact on women seeking access to a broad range of health services (including referrals, formal and informal) such as, but not limited to, reproductive services.

If enacted, the bill will have more severe impact on women living with multiple intersecting factors of oppression, including teenage girls and young women, racialized women, lesbian and bisexual women, trans people and others whose gender identity challenges traditional norms, Indigenous women, women with disabilities, and religious women -- particularly those who wear religious attire or those who seek health care that may not be sanctioned by their religious community. Effects will undoubtedly be compounded and have greater impact on women in rural locations, where issues of access to health services are already highly problematic.<sup>3</sup>

LEAF is also concerned about the bill's severe restrictions on the power of professional regulatory bodies to regulate their members who choose not to provide health services in Alberta. It substitutes the balanced judgment of the experts involved in 28 self-regulated health professions with a blanket requirement that may be inconsistent with the carefully constructed policies and rules of the different professions. The bill's requirement that any complaints made to regulatory bodies be dismissed immediately if based on a claim of conscientious belief. This would prohibit those denied access to

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<sup>1</sup> See Appendix A.

<sup>2</sup> *Canadian Charter of Rights and Freedoms*, Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982* (U.K.), 1982, c 11. See Appendix B.

<sup>3</sup> This was illustrated for the committee by Mr. Horner's description of the difficulties his constituents faced during an already distressing time in their lives.

health care services from raising concerns about that denial – or from arguing that they had been subject to discrimination. The bill could drive a wedge between health care service providers and patients, given its privileging of the rights of health care service providers and its silence in relation to patients’ rights.

This bill will harm women and members of vulnerable groups; it has already resulted in psychological harm for those Albertans who worry about the effects potential discrimination may have on their lives. Bill 207’s failure to account for women’s ss. 2(a), 7, 15, and 28 rights implicated by its effects sends a troubling and powerful message to women that their rights are not valued.

## 2. About Bill 207

Bill 207 redefines freedom of conscience in s. 2(a) of the *Charter* by replacing it with a broadly defined concept of “conscientious belief.” The bill defines conscientious beliefs as “the beliefs of the health care provider or religious health care organization that are protected as fundamental freedoms under s. 2(a) of the *Charter*, including religious beliefs, moral and ethical values and cultural traditions.”<sup>4</sup> Contrary to the language of this bill, “cultural tradition” is not a concept associated with freedom of conscience.<sup>5</sup>

Further, the bill seeks to amend the *Alberta Human Rights Act*, (“*AHRA*”)<sup>6</sup> to add this new definition of “conscientious beliefs” to the preamble and s. 7 of the *AHRA*. Section 7 of the *AHRA* guarantees Albertans’ right not to be discriminated against in employment. The amendments to the *AHRA* proposed in Bill 207 would prevent an employer in any sector from discriminating against employees based on the employees’ conscientious beliefs, which not only include sincerely held religious and moral beliefs, but also beliefs based on “cultural traditions.” The definition of “conscientious belief” in the bill is not found in any other human rights code in this country, either at the territorial, provincial, or federal level.

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<sup>4</sup> Bill 207, Definitions. See Appendix A.

<sup>5</sup> *R v Videoflicks Ltd.*, (1984), 14 DLR (4<sup>th</sup>) 10 (ONCA), *R v Big M Drug Mart Ltd.*, [1985] 1 SCR 295 at 300-01, *R v Morgentaler*, [1988] 1 SCR 30, Jocelyn Downie and Françoise Baylis, “A Test for Freedom of Conscience under the *Canadian Charter of Rights and Freedoms*: Regulating and Litigating Conscientious Refusals in Health Care” (2017) 11:1 McGill JL & Health S1.

<sup>6</sup> *Alberta Human Rights Act*, RSA 2000, c A-25.5. See Appendix B.

Bill 207 proposes to negate the professional obligations of regulated health care professionals<sup>7</sup> to provide health care services – including referrals for such services – based on their conscientious beliefs.<sup>8</sup> Based on the wording of the bill, health services could be denied to individuals if the service provider holds a conscientious objection to some element of that individual’s identity, or to the circumstances which led to the individual seeking the health service, which could have discriminatory impact on marginalized communities. Section 1(d) of Bill 207 defines “health care provider” as sharing a meaning with the *Health Professions Act* (“HPA”).<sup>9</sup> Section 3 of Bill 207 includes the words “an individual” twice, reading:

If a health care provider or religious health care organization determines that their conscientious beliefs would be infringed by providing a specific health care service **to an individual**, the health care provider or religious health care organization is not required to provide that health care service **to the individual**. [emphasis added]

Most professions covered by the *HPA*, and thus Bill 207, do not offer services which could conceivably give rise to the type of moral concern contemplated by s. 2(a) of the *Charter*. Health professionals such as optometrists, podiatrists, and dental hygienists do not provide services that raise concerns of conscience. They do, however, serve Albertans who live at the intersection of grounds enumerated in, or analogous to, those listed in s. 15 of the *Charter*. The inclusion of the word “individual” in s. 3 of the bill could lead to an interpretation that a health care professional could deny services to individuals in a discriminatory manner.

The bill’s requirement that any complaints made to regulatory bodies be dismissed immediately if based on a claim of conscientious belief<sup>10</sup> would prohibit those denied access to health care services from raising concerns about the denial – or from arguing that they had been subjected to discrimination. In addition, it states that no legal claim for damages could arise from those same concerns.<sup>11</sup>

The objective and implication of Bill 207 have the effect of limiting Albertans’ access to health care services. This is contrary to the objectives of health legislation, which are to

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<sup>7</sup> Under the *Health Professions Act*, regulated health professionals include a diversity of health care professionals including but not limited to physicians, social workers, denturists, acupuncturists, dietitians, and hearing aid practitioners.

<sup>8</sup> Bill. 207, s. 3 “Health care services” are defined broadly in s. 1(d) to include both formal and informal referrals. See Appendix A.

<sup>9</sup> *Health Professions Act*, RSA 2000, c H-7. See Appendix B.

<sup>10</sup> Bill 207, s. 5. See Appendix A.

<sup>11</sup> Bill 207, Section 7. See Appendix A.

protect the public interest and facilitate reasonable access to health services. The *HPA*<sup>12</sup> sets out the mechanism by which health services are regulated in Alberta. It does so by creating colleges for the self-regulation of professions. Section 3 of the *HPA* describes the role of colleges and states in s. 3(1)(a) “A college must carry out its activities and govern its regulated members in a manner that protects and serves the public interest.” This is consistent with the *Canada Health Act* (“*CHA*”),<sup>13</sup> which states in s. 3 that “the primary objective of Canadian health care policy is to protect, promote, and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.” By way of contrast, Bill 207’s stated purpose is the privileging of health care providers’ conscientious beliefs regardless of the consequences of limiting access to health care services. While a health care professional ought not to be obligated to perform health care services that contravene their beliefs, they should be obligated to facilitate access to the services in accordance with current professional regulations.

### **3. LEAF submits that Bill 207 is an unjustifiable infringement of *Charter* rights.**

LEAF submits that Bill 207 is a violation of Albertans’ rights under ss. 2(a), 7, 15, and 28 of the *Charter*, and further submits that there is no reasonable justification for these breaches of fundamental rights. Bill 207 purports to seek “respect [for] the rights of health care providers under s. 2(a) of the *Charter*.” The Bill is, however, entirely silent on the rights of patients that must also be considered.

There is no hierarchy of rights in the *Charter*. Equality rights and values are recognized and protected in several sections of the *Charter*. Bill 207 gives no recognition to the equality rights of women and other protected groups. Instead, the bill expressly excludes or erases the obligation of health care providers who refuse to provide services based on religion or conscience to refer adequately to a provider and/or service that will provide the service.

#### **a. Bill 207 contravenes the *Charter* rights of women and girls seeking health services.**

##### **(1) Bill 207 privileges the freedom of conscience of health care professionals over the freedom of conscience of women and girls.**

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<sup>12</sup> *Ibid.*

<sup>13</sup> *Canada Health Act*, RSC 1985, c C-6. See Appendix B.

Freedom of conscience is a *Charter*-protected guarantee that extends to all Canadians including those seeking health care services, not just health care professionals. The bill's failure to consider the conscience of those seeking to access important health care services is inconsistent with the Supreme Court of Canada jurisprudence. As Justice Wilson explained in *R v Morgentaler*:

... I believe that the decision of whether or not to terminate a pregnancy is a moral decision, **a matter of conscience. I do not think there is or can be any dispute about that.** The question is: whose conscience? Is the conscience of the woman to be paramount or the conscience of the state? I believe, for the reasons I gave in discussing the right to liberty, that **in a free and democratic society it must be the conscience of the individual.** Indeed, s. 2(a) makes it clear that this freedom belongs to "everyone", i.e., to each of us individually. ...<sup>14</sup> [emphasis added]

The idea of human dignity finds expression in almost every right and freedom guaranteed in the Charter. Individuals are afforded the right to choose their own religion and their own philosophy of life, the right to choose with whom they will associate and how they will express themselves, the right to choose where they will live and what occupation they will pursue. These are examples of the basic theory underlying the Charter, namely that the state will respect choices made by individuals and to the greatest extent possible, will avoid subordinating these choices to any one conception of the good life.

**Thus, an aspect of the respect for human dignity on which the Charter is founded is the right to make fundamental personal decisions without interference from the state.** This right is a critical component of the right to liberty. . . . [Liberty] is a phrase capable of a broad range of meaning. In my view, this right, properly construed, grants the individual a degree of autonomy in making decisions of fundamental personal importance.<sup>15</sup> [emphasis added]

Facilitating women's access to health care services protects women's conscientious and religious freedom by enabling women to make their own choices – and secure control over their bodily autonomy. By only privileging the conscientious rights of the health care service providers, the bill fails to protect women's freedom of conscience as guaranteed under the *Charter*.

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<sup>14</sup> *Morgentaler*, *supra* note 5 at pages 175-176.

<sup>15</sup> *Ibid*, at page 166.

**(1) Bill 207 contravenes women’s right to life, liberty and security of the person guaranteed under s. 7 of the *Charter*.**

The *Charter* guarantees all Albertans the right to “life, liberty, and security of the person” in s. 7 and the right not to be deprived thereof except “in accordance with the principles of fundamental justice.”<sup>16</sup> Access to health care services and autonomy in fundamental personal health care are within the protection of liberty and security of the person. The Supreme Court of Canada has recognized that barriers to accessing health care services infringes rights guaranteed under s. 7 of the *Charter*.<sup>17</sup> Allowing health care service providers to effectively deny services to Albertans based on unexamined conscientious beliefs could lead to harm, or even loss of life.

Access to safe and effective abortion is of paramount importance to women and has long been accepted by the Supreme Court of Canada as being fundamental to women’s individual liberty, human dignity, self-respect, and essential humanity.<sup>18</sup> Allowing physicians to deny access to birth control or abortion can significantly increase the risk of serious health complications for women, including death. Many women, particularly those from marginalized communities, lack the necessary knowledge of the health care system, skills, or resources to seek out and obtain reproductive health services independently. This can lead to unwanted pregnancies, significant psychological stress, and increased risk of morbidity. For these women, if their care provider refuses to provide them with a referral for health care services, they may be unable to access the care they need, which they are entitled under the *Charter*.<sup>19</sup> This would result in serious harm to women, exposing them disproportionately to risk .

These consequences will be felt most severely by women, and exacerbated for younger women and girls, who may lack the skills or capacity to find alternate sources of care. Poor women, women with addictions, and women with mental illness often experience sporadic access to health care currently, and this could only worsen should additional barriers be erected as would occur if this bill were to be enacted.

Women depend on health care professionals to navigate the health care system. Allowing health care service providers to exercise their gatekeeper role in a way that prohibits access to health care services to women for conscientious beliefs would result in the

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<sup>16</sup> *Charter*, s.1, *supra*, note 2.

<sup>17</sup> *Morgentaler*, *supra*, note 5; *Chaoulli v Quebec*, 2005 SCC 35; *Carter v Canada (Attorney General)*, 2016 SCC 4.

<sup>18</sup> *Morgentaler*, *supra*, note 5.

<sup>19</sup> *Ibid*, at pages 68-69. *Morgentaler*, *supra*, note 5; *CPSO*, *supra*, note 18.

health care professionals controlling women's choices, which would perpetuate women's disadvantage and infringe upon their right to the security of the person.<sup>20</sup>

Furthermore, the bill's broad definition of "services" that includes referrals leads to the serious risk of depriving women's access to health care services. Without an adequate referral, women – especially women living in rural areas and women living in poverty – will likely have difficulty locating another physician, making an appointment, and obtaining appropriate care. In a case concerning the constitutionality of physicians' obligation to provide an effective referral for services to which they had a religious objection, the Ontario Court of Appeal found that without effective referrals, many patients "would not have easily, or perhaps not at all, been able to access"<sup>21</sup> health services such as abortions, reproductive health care, or medical assistance in dying. Women who are able to find an alternative source of care without a referral will nonetheless experience delays in treatment, as will those with less knowledge about the health care system, or who have to travel to access alternate care providers. To give carte blanche approval to provisions which could lead to discrimination without any recourse cannot be considered as being consistent with the principles of fundamental justice.

**(2) Bill 207 contravenes the equality rights of women and girls protected in s. 15 of the Charter.**

Section 15 explicitly guarantees equality rights for all Canadians. Equality rights are also recognized in ss. 25, 27, and 28 of the *Charter*, which ensure that other *Charter* rights and freedoms, such as freedom of religion, must be interpreted consistently with protections of sex equality, sexual orientation and gender identity, Indigenous rights, diversity and multiculturalism. In this sense, constitutional rights are relational. Individuals' protected scope of freedom of religion or conscience must be interpreted in light of the harms that it might cause to vulnerable groups, and to Canadian society as a whole.

Bill 207 would undermine and infringe the ss. 15 and 28 rights of women and girls. It would affect women because the target of many religion and conscience-based physician objections relate to health services sought by women, including abortion and prescription-based contraception.<sup>22</sup> Furthermore, the bill would disproportionately affect women and girls living with multiple intersecting grounds of discrimination and

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<sup>20</sup> *Morgentaler*, *supra*, note 5 at pages 56-60.

<sup>21</sup> *Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario*, 2019 ONCA 393 para 139 ["CPSO"].

<sup>22</sup> Daphne Gilbert, "Let Thy Conscience Be Thy Guide (but not *My* Guide): Physicians and the Duty to Refer" (2017) 10:2 McGill JL & Health 47.



oppression, as they are most at risk of being refused health services under the guise of religion or conscience, but actually because of discrimination and prejudice.

Access to health services, especially reproductive services, is profoundly important for women's equality rights. Women's social, economic, and political equality is intimately tied to their access to reproductive services. Unwanted pregnancy can disrupt women's lives in myriad ways – interfering with women's ability to work, pursue education, or engage in political life, and carries significant long term financial consequences.

**b. There is no reasonable justification for Bill 207.**

The numerous constitutional infirmities of the Bill 207, which have been outlined in detail above, cannot be justified under s. 1 of the *Charter*. Section 1 of the *Charter* places the onus on the government to establish that the guarantee of rights is subject only to reasonable limits that can be demonstrably justified in a free and democratic society.

A significant basis on which Bill 207 can be found unjustifiable is that it impairs the *Charter* rights of people seeking health services more than is reasonably necessary. There clearly are less restrictive means to address the objective of respecting religion or conscience rights of health care providers while giving effect to the rights of people seeking health services.

For example, the bill would not be found to be minimally impairing for the reasons outlined below:

- The inclusion of “individual” in s. 3 of the bill leads to a possibility that individuals may be denied health care services in a discriminatory manner.
- The bill applies to a wide array of health service professionals, many of whose services do not engage their conscientious beliefs.
- The bill's inclusion of referrals in the definition of “services” will impose serious barriers to marginalized patients access for critical health services.<sup>23</sup>
- The bill's proposed changes to the *AHRA* will have far-reaching impact that goes beyond just health care services. The unintended consequences of the bill's amendment to s. 7 of the *AHRA* would also cause great uncertainty for all Albertan employers, who would remain obliged to provide services without discrimination, but also could not discriminate against hiring or firing an employee who would

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<sup>23</sup> The Ontario Court of Appeal in *CPSO* found that nothing, short of effective referral – including providing generalized information – would “address the needs of vulnerable patients seeking the most intimate and urgent medical advice and care. *CPSO*, *supra*, note 18.

refuse to serve based on an asserted “conscientious belief” with the expansive definition given to that term by the bill.

#### **4. Remedy sought**

For the reasons stated above, LEAF requests that Bill 207 should not proceed from the Committee.

#### **5. About LEAF**

LEAF is a national, non-profit organization founded in April 1985 to advance the equality rights of women and girls in Canada as guaranteed by the *Charter*. To this end, LEAF intervenes in litigation and engages in law reform and public education. LEAF is the only national organization that exists to advance the equality rights of women and girls under the law.

As a result of its breadth of experience with litigation, law reform and public education, LEAF has considerable expertise in articulating how laws and policies advance or undermine substantive equality for women and girls, including and often especially those who confront discrimination on multiple and intersecting grounds like sex, gender identity, marital or family status, race, sexual orientation, disability, Indigenous ancestry, socio-economic status, and other socially constructed, maintained, and legally enforced inequalities. LEAF has expertise in examining the material conditions of women’s lives and how those conditions impact women’s equality, safety, and human dignity.

LEAF has particular expertise in the impact of discrimination on women’s rights. As an intervener before the Supreme Court of Canada in the first case to consider equality rights under s. 15 of the *Charter* to recently intervening at the Ontario Court of Appeal in *CPSO*,<sup>24</sup> LEAF is an acknowledged expert in the balancing of rights under the *Charter*, and the real effects on women’s lives that occur when constitutionally protected rights are violated. Through these interventions, including working with committees consisting of national experts, LEAF has developed particular expertise in the relationship between equality rights and other constitutional protections.

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<sup>24</sup> *CPSO*, *supra*, note 18.

## APPENDIX A

### BILL 207

2019

#### *CONSCIENCE RIGHTS (HEALTH CARE PROVIDERS) PROTECTION ACT*

...

#### **Definitions**

1 In this Act,

- (a) “complaint” means a complaint received by the complaints director for a regulatory body under section 55(1) of the *Health Professions Act*;
- (b) “Charter” means the *Canadian Charter of Rights and Freedoms*;
- (c) “conscientious beliefs”, of a health care provider or a religious health care organization, means the beliefs of the health care provider or religious health care organization that are protected as fundamental freedoms under section 2(a) of the *Charter*, including religious beliefs, moral and ethical values and cultural traditions;
- (d) “health care provider” means a regulated member who holds a practice permit in good standing that has been issued by a regulatory body;
- (e) “health care service” means a professional service as defined in the *Health Professions Act* and includes the provision of a formal or informal referral in respect of a patient;
- (f) “practice permit” has the same meaning as in the *Health Professions Act*;
- (g) “regulated member” has the same meaning as in the *Health Professions Act*;
- (h) “regulated profession” has the same meaning as the *Health Professions Act*;
- (i) “regulatory body” means the college of a regulated profession;
- (j) “religious health care organization” means a body corporate that provides health care services in accordance with its religious beliefs;

(k) “unprofessional conduct” has the same meaning as in the *Health Professions Act*.

## **Purposes**

**2(1)** The purposes of this Act are

(a) to create certainty regarding the exercise of rights under section 2(a) of the *Charter* by health care providers and religious health care organizations,

(b) to ensure regulatory bodies respect the rights of health care providers under section 2(a) of the *Charter*, specifically in respect of a complaint made against a health care provider that is based on the health care provider’s exercise of those rights,

(c) to protect health care providers who exercise their rights under section 2(a) of the *Charter* from employment discrimination,

(d) to ensure that religious health care organizations are able to support their employees who wish to exercise their rights under section 2(a) of the *Charter*, and

(e) to protect health care providers and religious health care organizations from being subject to a claim for damages based on the exercise of rights under section 2(a) of the *Charter*.

**(2)** For greater certainty, nothing in this Act derogates from a health care provider’s or religious health care organization’s obligations to their patients, which may include informing individuals of options in respect of receiving a health care service.

## **Conscience-based objection to provision of health care service**

**3** If a health care provider or religious health care organization determines that their conscientious beliefs would be infringed by providing a specific health care service to an individual, the health care provider or religious health care organization is not required to provide that health care service to the individual.

## **Regulatory body may not compel performance**

**4** Despite any provision of the *Health Professions Act*, a regulatory body may not

(a) impose a requirement on a health care provider that may result in the health care provider being compelled, directly or indirectly, to perform a health care service that they determine would infringe their conscientious beliefs, or

(b) impose a requirement or standards on a health care provider to make statements to any person or body that would infringe the health care provider's conscientious beliefs.

### **Regulatory body must dismiss complaint**

**5(1)** On receiving a complaint in accordance with section 55(1) of the *Health Professions Act*, the subject matter of which is a health care provider's decision not to provide a health care service based on their conscientious beliefs, the complaints director for the regulatory body that received the complaint must immediately

(a) dismiss the complaint, and

(b) provide notice of the dismissal to the complainant.

**(2)** For the purposes of section 56 of the *Health Professions Act*, the complaints director for a regulatory body must not treat any information that they receive about a health care provider's decision not to provide a health care service based on their conscientious beliefs as a complaint or grounds for a complaint.

**(3)** For greater certainty, subsections (1) and (2) do not apply to any part of a complaint or information that deals with conduct other than the health care provider's decision not to provide a health care service based on their conscientious beliefs.

### **Decision based on conscientious beliefs not unprofessional conduct**

**6** For the purpose of sections 56 and 57 of the *Health Professions Act*, a health care provider's decision to not provide a health care service based on their conscientious beliefs is not to be considered as unprofessional conduct.

### **Protection from liability**

**7** No action lies, nor may be commenced nor maintained, against a health care provider or religious health care organization in respect of a decision that they, or their employees, made to not provide a health care service to an individual that is based on their conscientious beliefs.

### **Amends RSA 2000 cA-25.5**

**8(1)** The *Alberta Human Rights Act* is amended by this section.

**(2)** The preamble is amended in the 2<sup>nd</sup> recital by striking out "religious beliefs" and substituting "religious beliefs, conscientious beliefs".

**(3) Section 7 is amended in subsection (1) by striking out “religious beliefs” and substituting “religious beliefs, conscientious beliefs”.**

...

**APPENDIX B**  
**Relevant constitutional and statutory provisions**

*Canadian Charter of Rights and Freedoms, as found in the Constitution Act, 1982, being Schedule B to the Canada Act 1982 (UK), 1982, c 11*

Relevant provisions:

Rights and freedoms in Canada

1. The *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

Fundamental freedoms

2. Everyone has the following fundamental freedoms:

(a) freedom of conscience and religion;

...

Life, liberty and security of the person

7. Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

...

Equality before and under law and equal protection and benefit of law

15. (1) 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.

Affirmative action programs

(2) Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

...

Aboriginal rights and freedoms not affected by Charter

25. The guarantee in this Charter of certain rights and freedoms shall not be construed so as to abrogate or derogate from any aboriginal, treaty or other rights or freedoms that pertain to the aboriginal peoples of Canada including

- (a) any rights or freedoms that have been recognized by the Royal Proclamation of October 7, 1763; and
- (b) any rights or freedoms that now exist by way of land claims agreements or may be so acquired.

...

#### Multicultural heritage

27. This Charter shall be interpreted in a manner consistent with the preservation and enhancement of the multicultural heritage of Canadians.

#### Rights guaranteed equally to both sexes

28. Notwithstanding anything in this Charter, the rights and freedoms referred to in it are guaranteed equally to male and female persons.

### *Alberta Human Rights Act, RSA 2000, c. A-25.5*

Relevant provisions:

#### **Preamble**

WHEREAS recognition of the inherent dignity and the equal and inalienable rights of all persons is the foundation of freedom, justice and peace in the world;

WHEREAS it is recognized in Alberta as a fundamental principle and as a matter of public policy that all persons are equal in: dignity, rights and responsibilities without regard to race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status or sexual orientation;

WHEREAS multiculturalism describes the diverse racial and cultural composition of Alberta society and its importance is recognized in Alberta as a fundamental principle and a matter of public policy;

WHEREAS it is recognized in Alberta as a fundamental principle and as a matter of public policy that all Albertans should share in an awareness and appreciation of the diverse racial and cultural composition of society and that the richness of life in Alberta is enhanced by sharing that diversity; and

WHEREAS it is fitting that these principles be affirmed by the Legislature of Alberta in an enactment whereby those equality rights and that diversity may be protected:



THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

...

**Discrimination re goods, services, accommodation, facilities**

4 No person shall

(a) deny to any person or class of persons any goods, services, accommodation or facilities that are customarily available to the public, or

(b) discriminate against any person or class of persons with respect to any goods, services, accommodation or facilities that are customarily available to the public,

because of the race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status or sexual orientation of that person or class of persons or of any other person or class of persons.

...

**Discrimination re employment practices**

7(1) No employer shall

(a) refuse to employ or refuse to continue to employ any person, or

(b) discriminate against any person with regard to employment or any term or condition of employment,

because of the race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status or sexual orientation of that person or of any other person.

(2) Subsection (1) as it relates to age and marital status does not affect the operation of any bona fide retirement or pension plan or the terms or conditions of any bona fide group or employee insurance plan.

(3) Subsection (1) does not apply with respect to a refusal, limitation, specification or preference based on a bona fide occupational requirement.

*Health Professions Act, RSA 2000, c. H-7*

Relevant provisions:

**College established**

2 A college is a corporation that

- (a) is created or continued in a schedule to this Act,
- (b) consists of its regulated members and other members, and
- (c) has the capacity and, subject to this Act, the rights, powers and privileges of a natural person.

**College's role**

3(1) A college

- (a) must carry out its activities and govern its regulated members in a manner that protects and serves the public interest,
- (b) must provide direction to and regulate the practice of the regulated profession by its regulated members,
- (c) must establish, maintain and enforce standards for registration and of continuing competence and standards of practice of the regulated profession,
- (d) must establish, maintain and enforce a code of ethics,
- (e) carry on the activities of the college and perform other duties and functions by the exercise of the powers conferred by this Act, and
- (f) may approve programs of study and education courses for the purposes of registration requirements.

...

*Canada Health Act, RSC 1985, c. C-6*

Relevant provisions:

**Canadian Health Care Policy**

**Primary objective of Canadian health care policy**

3 It is hereby declared that the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.