

Patients oppose and are harmed by belief-based denial of reproductive care

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About the Study

“Exploring Canadians’ experiences with belief-based denial of contraception and abortion care: Results from a qualitative study”

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What is Belief-Based Care Denial?

Belief-based care denial (aka “conscientious objection”)

- The refusal by a healthcare professional to provide a legal, patient-requested medical service or treatment that falls within their scope of work and qualifications, based on their personal or religious beliefs.
- The term “conscientious objection” originally referred to the principled objection to military service. But it does not apply to medicine in the same way as it does for the military. We use the term “belief-based care denial”.

Introduction (1)

- In Canada, contraception and abortion care are medically necessary services, yet healthcare providers in Canada are allowed to refuse to provide care or referrals based on their personal beliefs.
- Regulations on the denial of care vary by province. Policies of professional colleges and associations are often vague, leading to confusion. There's no monitoring or enforcement mechanisms.
- This qualitative study explored Canadians' experiences with belief-based care denial of contraception and abortion and the consequences of this refusal in Alberta, New Brunswick, and Ontario.
- The study helps fill a research gap about Canadians' experiences with belief-based denial of care.

Introduction (2)

Abortion or contraceptive care can be denied in various ways:

- Refusing to provide direct services or follow-up
- Delaying appointments
- Withholding referrals

Indirectly:

- Withholding information on options
- Being biased or judgmental

Refusal to provide or refer for contraceptive or abortion care may have a considerable impact on patients.

Policies that allow belief-based denial may conflict with the Canadian Medical Association's code of ethics and anti-discrimination clauses.

Belief-based care denial has been called unethical by biomedical ethicists.

Methods

- Conducted in-depth, semi-structured interviews from November 2022 to March 2023 in Alberta, New Brunswick, and Ontario
- Employed a multi-modal recruitment strategy, including posts through community organizations and social media
- Participants had experienced refusal of contraception or abortion care in the ten years before the interview (2012-2023)
- 30 participants aged 21 to 53:
 - 19 white people, 11 people of colour
 - 27 cisgender women, 2 cisgender men, 1 gender-diverse person
 - 19 from Ontario, 6 from Alberta, 4 from New Brunswick, 1 from Manitoba
- Analyzed interviews for content and themes using deductive and inductive techniques

Results (1)

Out of 30 participants:

- 20 were denied contraception: sterilization, hormonal methods, IUDs, or emergency contraception
- 9 were denied abortion care
- 1 was denied both contraception and abortion

Services were denied at a range of settings:

- Pharmacies
- Hospital emergency rooms
- Walk-in clinics
- Family doctor offices

Results (2)

Denials fell into two broad categories:

- Based on patient characteristics (age, parity, marital status)
- Based on religious or moral opposition by the provider or affiliated institution to the requested service

Most denials indicated that providers' personal biases and judgments about their patients played a role.

Participants denied care felt angry, scared, disappointed, and frustrated.

All participants expressed opposition to policies that allow providers to refuse reproductive health services based on their beliefs.

Denials Involving Bias

Kelly

(repeatedly denied sterilization)

“I’ve come to some doctors and they say ‘well you’re not of age, you’re so young you might change your mind’, and I know what I wanted. I was very, very firm on what I wanted but each time I go to the doctor they would kind of laugh and shrug it away.”

Cora

“I decided many years ago...that I didn’t want to be a mother...So, I’ve been going to my doctor and different clinics asking for the sterilization to be done, seeing issues again and again because I was too young to make decisions for myself, according to them.

They just kept saying no or asking various questions like “what does your partner think, what if you change your mind?”

Denials Involving Judgment

Luna

(paraphrasing her family doctor)

“It was like...ok why can't you go find a man that will want to be with you for the rest of your life and we'll talk about birth control then...

They didn't want me to be on birth control unless I was in a serious relationship or married.”

Jo

(paraphrasing her family doctor)

“He was like, does your mother know about this? You're a Christian girl; you shouldn't be sexually active before marriage...

[He] admitted he doesn't prescribe birth control.”

Denials Involving Religious Belief

Emma

(requested abortion at a hospital)

“I’m sitting in the hospital bed and this woman comes in and she’s very clearly a religious representative...And I didn’t want to talk to them...but they’re like I just wanna make sure you understand your options...she gave me some pamphlets, I threw them out...”

Ava

(requested abortion at a hospital)

“The nurse calls me over and she’s like, ‘oh just so you know because this a Catholic hospital, we don’t do that here’ ... That’s new to me because... it is as far as I know, a publicly funded hospital... so I was very frustrated that a hospital that provides healthcare is affiliated with a religion.”

Lack of Clarity / Withholding Information

Mariam

*(denied contraception
by family doctor)*

“The way he was talking, you can tell that he was really strongly not in favour...

He didn't explicitly say that 'because of my religious beliefs I cannot give you a copper IUD.' I guess the way that he was really reluctant...I feel like maybe it was just his religious beliefs.”

Molly

*(after doctor diagnosed
rare heart defects in the pregnancy)*

“They never brought up abortion or terminating the pregnancy. It was a lot of discussion on what raising a child with heart defects would be like and the range of possibilities.

It was only when we specifically asked about abortion that she said “oh yeah, some people choose that option” and that was pretty much the end of the discussion. Like she didn't discuss that any further even when we had been asking about it.”

Reactions to Being Denied – Anger and Frustration

Sienna

*(denied ability to make decisions
about her own body)*

“He [*the physician*] flat out would not give a referral. He did not believe in tubal ligation at any age...

Another university doctor talked to me but ultimately refused because she thought women would regret and want kids later. That’s all very frustrating...When will doctors take me seriously? When will they allow me to have autonomy over my body?”

Anthony

(denied a vasectomy)

“I felt anger and frustration...that patients had their agency overridden by members of our healthcare system. It just made me more concerned and anxious...I’m not sure why we have the system set up this way.”

Reactions to Being Denied – Calling out Sexism

Annie

“The inherent sexism in health care is extremely demoralizing and insulting frankly. I have experienced the misogyny in health care throughout [my life].”

Cora

“It’s frustrating and insulting ...women as baby making machines ...that we’re purposeless if we don’t choose motherhood”.

Opposition to Belief-based Care Denial

All participants expressed disapproval of policies that allow providers to refuse reproductive health services based on their beliefs.

Occasionally, participants considered writing formal complaints to the provider's professional association. However...

Molly

"I kept procrastinating on the letter and never got around to it."

Emma

"If you're a healthcare provider and you're not willing to provide care to people then you shouldn't be a healthcare provider...
If they're concerned about their rights and freedoms, they should just do something else...we need to be vigilant against this steady creep that's eroding our rights."

Discussion – Participant Experiences

- Participants described denial of abortion and contraception care as a substantial barrier to accessing these services.
- Denials often delayed care or made it inaccessible, with participants suffering the burden of navigation on their own.
- Participants had strong emotional responses (distress, anger, frustration).
- Patients felt their right to bodily autonomy and gender equality were undermined.

Discussion – Overall Findings

- Denial experiences were based on age, marital status, and parity, as well as explicit religious beliefs of the provider or institution.
- Some indirect denials occurred in the form of withholding information or being reluctant to provide a service.
- Institutional denials highlight an ongoing tension between public funding and institutional restrictions.
- Belief-based care denial is experienced as gatekeeping of necessary health services that extend beyond explicit “conscientious objection”.
- Policies permitting belief-based care denial can produce health inequities.

Recommendations for Action

- Reinforce the Canadian government's stated support for the provision of a full range of respectful, timely, and accessible contraception and abortion care.
- Reform regulations and guidelines with a focus on patient-centred outcomes informed by patient experiences.
- Improve professional guidance and training by emphasizing patient-centered counseling and decision-making.
- Discourage denial of care, and encourage objectors to choose other fields.
- Require objectors to make a timely and effective referral.
- Establish clear and effective avenues for patients to report violations of professional standards related to care denial and its consequences.
- Enact professional discipline when care deniers obstruct care.

Thank you!

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