# Justice is not blind: We are

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The day the gavel was heard around the world: June 24, 2022. The Supreme Court of the United States, having just overturned *Roe v. Wade*, set a precarious precedent: prioritizing individual politics over the people. I was upended by these headlines just prior to starting my rural family medicine rotation in Ontario, Canada. Unbeknownst to me at the time, I was about to witness how Canadians are not as astray from the judicial atrocities occurring south of the border. In this Correspondence, I will describe the barriers that the Catholic Health Alliance of Canada (CHAC) continues to erect for patients.

I was stationed at 1 of 129 CHAC facilities across Canada, which practises care as per the Health Ethics Guide.[1] Last updated in 2012, the guide's purpose is to "... provide guidance around advances in science and medicine... in the Gospel message of Jesus." Principally, the communities these hospitals serve are not privy to amenities they are legally entitled to. This translates to individuals having reduced accessibility to counselling regarding gender-affirming care, contraception, fertility, medical assistance in dying (MAiD), and innovations derived from gametes, embryos, and fetuses.[1]

During my first week, consequences of this reality greeted me. An inpatient, diagnosed with interstitial pulmonary fibrosis and requiring 9L of oxygen, sought MAiD. Through this case, I learned the steps to the subtle tango between physician and patient in an institution where Canada's laws don't reach. In the dead of night, after my attending physician explained why they could not honour this request, the inpatient made the decision to take matters into their own hands. They quietly, and with what I can only imagine was with great disdain, removed their oxygen, suffocating themself; a victim of needless agony.

In Ontario, CHAC institutions account for 15% of health services. Why, in a country that prides itself on multiculturalism, is a singular belief system limiting medical access on religious grounds? Why, when the number of Canadians who identify as religious has fallen from 90% in 1985 to 68% in 2019 (and the percentage who identify as Catholic having halved to 29%), are we choosing to ignore an ever-growing disparity in care?[2]

It would be ignorant to disregard these policies' unequal impacts. Women and individuals with uteruses tend to be disproportionately affected, as well as those who have long-faced persecution by the Catholic church, such as Indigenous individuals and the 2SLGBTQIA+ community. These historically marginalized demographics, when subject to subpar care that explicitly constrains and abhors their healthcare needs and identities, have already-present gaps widened.[3,4] These inequities are further amplified when intersectional factors including, but not limited to, race, income, and ability are considered.[5]

Obfuscating Canadians' right to healthcare in the name of the Holy See is neither necessary nor purposeful; it simply perpetuates the gnarled traditions of time's past. The decision reached on June 24, 2022 will echo for years-to-come. It is Canadians' duty to acknowledge this critical period of reflection — namely, is justice at fault, or are we for tolerating a quasi-theocratic state?

## Declaration of interests

I declare no competing interests. As a settler on the traditional territories of the Anishinaabe, Haudenosaunee, and Huron-Wendat Peoples, I acknowledge my positionality and privilege within the health accessibility movement, and am committed to lifelong learning and unlearning.

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