

“Conscientious Objection” in Reproductive Healthcare Is Dishonourable Disobedience

Joyce Arthur
Executive Director
Abortion Rights Coalition of Canada
joyce@arcc-cdac.ca
604-351-0867

With thanks to my collaborator: Dr. Christian Fiala, Austria

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“Conscientious Objection” is a harmful misnomer

- ▶ “CO” in reproductive healthcare does not represent true freedom of conscience. Instead, it is:
 - ▶ An unjustified veto of a patient's right to health care
 - ▶ A negligent refusal to do the job one was hired and paid to do
 - ▶ An imposition of one’s personal/religious views on another
 - ▶ An abuse of authority
 - ▶ The use of one’s class privilege to control others
 - ▶ Harmful to patients (psychologically and physically)
 - ▶ A violation of women’s human rights
 - ▶ Discrimination against women (and LGBTQ people)
 - ▶ **Dishonourable Disobedience (DD)**



“Conscientious Objection” (DD) is unethical

- ▶ The “moral” concern for zygotes and fetuses is a false ethical framework.
DD hurts women.
- ▶ Contraception is basic, essential, life-saving healthcare that virtually all women of child-bearing age will use.
- ▶ Safe and legal abortion saves women’s lives and health by preventing death and injury from illegal, unsafe abortion.
- ▶ DD is a reflection of stigma against women's autonomy, sexuality, and reproductive rights.
- ▶ DD is a capitulation to anti-choice views with no benefit to women or society.
- ▶ DD is like a vigilante action against the legality of abortion and contraception – a backdoor way to deny care despite the law.
- ▶ The harms done to women by DD – disrespect, suffering, and even death – are on the same continuum as the harms of criminalized abortion.



Comparing military CO to reproductive healthcare “CO”

Killing a living person

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Stopping the development of a gestational sac or fetus with the potential to become a living person



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Soldiers vs. Healthcare Professionals

Soldiers...	Healthcare Professionals...
<ul style="list-style-type: none">• Are drafted into compulsory service	<ul style="list-style-type: none">• Apply for their position voluntarily• Compete for training and jobs
<ul style="list-style-type: none">• Are powerless• Must obey orders from superiors	<ul style="list-style-type: none">• Are in position of authority and trust• Treat patients who depend on them
<ul style="list-style-type: none">• Conquer and kill for their country	<ul style="list-style-type: none">• Save patients' lives and improve health
<ul style="list-style-type: none">• When claiming right of CO:<ul style="list-style-type: none">• Must justify their stance• Usually must undergo rigorous review process• Are punished, or must complete alternate service	<ul style="list-style-type: none">• When claiming "right" of CO:<ul style="list-style-type: none">• Rarely have to justify it• Are often protected by law/policy• Rarely face discipline• Retain their positions• May benefit by escaping stigma, and boosting career, reputation, salary

“Conscientious Objection” (DD) violates medical ethics

- ▶ Physicians choose to work in a “helping profession” that fulfills a public trust.
- ▶ They are bound by laws on negligence, and by fiduciary duty.
- ▶ They have a duty to provide care to patients without discrimination.
- ▶ They have a monopoly on the practice of medicine.
- ▶ Patients rely on them for essential health care and can’t go elsewhere.
- ▶ Physicians know (in advance) the types of care their field requires:
 - ▶ **Primary care:** Patients frequently request contraception.
 - ▶ **Obstetrics/Gynecology:** Many patients need help with unplanned pregnancies.
- ▶ DD clashes with patient-centered care and preventive care, and undermines standards of care and best practices.
- ▶ **DD contradicts the entire purpose of medicine – to care for patients.**

“Conscientious Objection” (DD) rests on two bad assumptions

- 1. Only a minority of healthcare professionals will exercise DD and others will be available to perform the needed service.**
 - ▶ DD can easily become widespread, leaving women without access.
 - ▶ Abortion stigma makes DD an attractive solution, encouraging opportunistic refusals for various reasons – fear, personal preference, money, etc.
 - ▶ It's an unfair burden on providers who conscientiously commit to provide abortions.
- 2. Objectors will limit their exercise of DD as required by law or policy.**
 - ▶ Many objectors will refuse to make referrals, provide accurate information, or provide care in an emergency. Because that would make them "complicit."
 - ▶ Some objectors will disrespect or mistreat women, or even let them die.
 - ▶ We can't pretend to respect doctors' conscience by drawing a line at which they are required to violate it.
 - ▶ DD is usually unregulated or unmonitored. Requirements for DD are routinely ignored or abused with impunity.

Trying to “balance” doctor/patient rights is wrong and contradictory

- ▶ **No moral equivalency** between a patient’s right to healthcare, and the “right” to refuse care based on personal, non-verifiable beliefs.
- ▶ Protecting physicians’ “right” to conscience leads to **multiple violations** of patient rights: to life, liberty, security of the person, autonomy, privacy, freedom of conscience and religion.
- ▶ Logically impossible to protect a doctor’s “right” to conscience and a patient’s right to healthcare at the same time.
 - ▶ Two **fundamentally incompatible** things.
 - ▶ When a provider refuses treatment, the patient has **lost their right to healthcare.**
 - ▶ Evidence-based medicine cannot be reconciled with faith-based care – and cannot compete with it.



DD can be successfully stopped

- ▶ We can hold healthcare professionals accountable:
 - ▶ Medical students can be barred from entering family practice or OB/GYN specialty if they would be objectors.
 - ▶ Existing objectors can be assisted to move to another field (or be monitored and disciplined).
- ▶ The key is strong support for women's rights and equality:
 - ▶ DD is correlated with abortion stigma, conservatism, religious dogmatism, lower status for women.
 - ▶ A strong commitment to secularism and gender equality makes DD **unnecessary and unacceptable**.
 - ▶ We should not try to accommodate the ongoing oppression and stigmatization of women under the guise of "conscience."
- ▶ **Sweden, Finland, and Iceland** do not allow DD and have proven that it's possible!
- ▶ Disallowing DD aligns with global advancement of human rights.

Thank you!

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Please take sheet with links to articles
by Joyce Arthur and/or Christian Fiala on why...

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in reproductive healthcare is

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