“Conscientious Objection” in Reproductive Healthcare

Is Dishonourable Disobedience

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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 ≠ Stopping the development of a gestational sac or fetus with the potential to become a living person
# Soldiers vs. Healthcare Professionals

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<tr>
<th>Soldiers…</th>
<th>Healthcare Professionals…</th>
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<tbody>
<tr>
<td>• Are drafted into compulsory service</td>
<td>• Apply for their position voluntarily</td>
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<tr>
<td>• Are powerless</td>
<td>• Compete for training and jobs</td>
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<tr>
<td>• Must obey orders from superiors</td>
<td>• Are in position of authority and trust</td>
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<td>• Conquer and kill for their country</td>
<td>• Treat patients who depend on them</td>
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<tr>
<td>• <strong>When claiming right of CO:</strong></td>
<td>• <strong>When claiming “right” of CO:</strong></td>
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<tr>
<td>• Must justify their stance</td>
<td>• Rarely have to justify it</td>
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<tr>
<td>• Usually must undergo rigorous review process</td>
<td>• Are often protected by law/policy</td>
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<td>• Are punished, or must complete alternate service</td>
<td>• Rarely face discipline</td>
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<td></td>
<td>• Retain their positions</td>
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<td>• May benefit by escaping stigma, and</td>
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<td>boosting career, reputation, salary</td>
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“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!

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

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