There’s no defence for “Conscientious Objection” in Healthcare

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Our Definitions

“Conscientious objection” (so-called)

- The refusal by a health care professional to provide a legal, patient-requested, medical service that falls within the scope and qualifications for their field, based on their objection to the treatment for personal or religious reasons.

Conscientious commitment

- The provision of necessary or beneficial health care to patients in need despite stigma, unjust laws, or oppressive systems.
Origin of “CO” in Healthcare
(it’s all about abortion!)

► First law to explicitly allow “CO”: UK’s 1967 Abortion Act

► Introduced by MP David Steel, who added “CO” clause to please Catholic priests at a Scottish seminary

► Other groups and MPs supported his “CO” clause after the fact. Cited reasons:
  ► To preserve doctors’ freedom and rights, and their authority over patients
  ► To protect objectors from pressure to do abortions, and from criminal and civil liability
  ► To secure support for the law and ensure its passage

► U.S. passed a law to guarantee “CO” just months after Roe v. Wade in 1973

► “CO” is still exercised almost entirely for abortion
“Conscientious Objection” is a misnomer

“CO” in reproductive healthcare does not represent true freedom of conscience. Instead, it is:

- A violation of medical ethics and patients’ rights
- An imposition of one’s personal or religious views on others
- An abuse of authority and trust
- Harmful to patients (psychologically and physically)
- **Contrary to the entire purpose of medicine - to care for patients**

Let’s switch to more appropriate terms:

- “Dishonourable disobedience”
- Refusal to treat
- Care denials
Why are care denials (under “CO”) inappropriate in health care?

- Physicians are members of a regulated profession with a monopoly on health care.
- They have a special obligation to serve the public. Patients depend on them for care.
- Objecting physicians are deliberately refusing to comply with essential aspects of their chosen profession.
- This represents an abuse of public trust and an abandonment of fiduciary duty to patients.
- Healthcare facilities should not have to bear the burden of accommodating objectors by hiring extra doctors, shifting workloads, re-arranging schedules, etc.

Dozens of scholars and researchers have argued against the refusal to treat under “CO” in any kind of health care.
“Conscientious objection” has become a politicized boycott of democratically-decided laws. Anti-abortion groups, politicians, and churches work diligently to pass laws that allow sweeping “conscience” refusals - even for life-saving care - and immunize objectors from any consequence. The refusal to treat under “CO” often spreads across whole regions or countries, and is often expanded to institutions.

These care denials serve to:
- Prevent access to abortion
- Reinforce stigma
- Punish and shame women
- Permit gender-based discrimination
Victims of Care Denials

- [www.conscientious-objection.info](http://www.conscientious-objection.info)
- Website contains stories of **53 women** (as of April 2019) who were refused a legal abortion and suffered serious injury or injustice as a result, including death.
- Media coverage about serious consequences usually only happens when a woman dies or a woman or her family sues.
- **So these stories are the tip of the iceberg.**
Care denials under “CO” strongly linked to unethical behaviour

When objectors deny care for personal reasons, it’s usually accompanied by one or more of these behaviours in addition:

- Refusing to refer
- Failing to provide necessary information
- Lying to patients; providing misinformation
- Judging or criticizing them
- Violating their privacy
- Not listening to them; dismissing their concerns
-Delaying them; making them wait for treatment or tests
- Not attending to them in hospital
- Not providing pain relief
- Failing to follow standard medical protocols
- Waiting till patient is near death before acting
“CO” regulations are rarely enforced because it’s assumed that objectors will obey the rules:

- Expecting objectors to refer appropriately is naïve because objectors believe it makes them “complicit”.
- Expecting anti-choice doctors to provide “accurate” information on abortion is farcical.
- Expecting objectors to do abortions in emergencies puts lives seriously at risk. Women have died.

Workarounds help, but circumvent a bad law. Examples:

- Private clinics do most abortions and women can call directly.
- Women order pills online and do it themselves.
- Women call a central agency or helpline to get a referral.
- Pro-choice websites alert women about objectors or direct them to providers.

From the “Unconscionable” report:

- “International human rights standards to date do not require states to guarantee a right to ‘conscientious objection’ in the provision of health care services.”

- “Most convening participants agreed that health care policies should not allow for the refusal to provide services based on conscience claims.”

- “Where policy-makers are revising abortion laws or policies, they should not make references to conscience claims.”
Solutions

- No need to “accommodate” objectors by law or policy:
  - Countries can follow the examples of Sweden, Finland, Iceland, which don’t allow “CO”.
  - Result: Objectors find work in other fields; women have very good access to abortion.

- It’s not about “forcing” doctors to do abortions!

- First, recognize “CO” as unethical and harmful - it’s not a right.

- Amend laws and policies that mistakenly call it a right.

- Craft measures designed to discourage and reduce objectors over time, such as:
  - Inform Ob/Gyn medical students that abortion care is required.
  - Require Ob/Gyns at public hospitals to provide abortion.
  - Help objectors transfer to other position, facility, or specialty.
  - Preferentially hire non-objectors; pay objectors less.
  - Monitor and document all refusals.
  - Make objectors liable for any harms/costs caused by refusals.
Thank you!

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