Accommodating Conscientious Objection in Medicine – Private Ideological Convictions Must Not Trump Professional Obligations.

Udo Schuklenk, The Journal of Clinical Ethics, 2016¹

The article discusses the American Medical Association’s (AMA) position on accommodating doctors’ personal beliefs by allowing for conscientious objections in situations where the medical procedure is at odds with the doctor’s personal or religious beliefs. The article questions the normative justification for the concept and argues that the attempt to accommodate different positions by allowing doctors to object to providing certain medical services based on their personal beliefs fails.

Introduction
The AMA Council on Ethical and Judicial Affairs’ statement on the accommodation of conscientious objectors among medical doctors aims to ensure that patients’ rights to access care are balanced fairly with doctors’ personal beliefs. The practice of conscientious objection allows for the doctor’s private ideological convictions to overrule his/her professional obligations. Schuklenk questions the moral justification for policies that accommodate this practice.

Main arguments against accommodating the concept of conscientious objection
According to the AMA, allowing for doctors to conscientiously object is “important for preserving the integrity of the medical profession”. Schuklenk outlines a number of arguments against this position:

- The concept of conscientious objection protects personal beliefs that are deeply held. This includes, for example, religious beliefs that are notoriously difficult to justify without relying on intuition and emotion. In allowing health care professionals to choose not to provide certain services based on personal values and principles that cannot be

reasonably accounted for, the accommodation of conscientious objection overrules the professional scope of practice.

- Medical professionals enter the profession voluntarily and thus should not be allowed to prioritize their personal beliefs by way of refusing to provide services to the public that medical professionals have a monopoly on providing.
- Upon choosing the medical profession, doctors know that their profession’s scope of practice is determined by society and that the society provides them with the monopoly to provide the services that fall within this scope of practice. Medical practice changes over time, and doctors must know that the scope of their profession is outside their control. Therefore, conscience claims against providing certain new services with reference to these falling without the scope of their professions cannot be justified.
- According to the AMA opinion it would be expected that objecting doctors must refer the patient to another doctor that is willing to provide the requested service. However, from the point of view of the conscientious objector, this is not a reasonable compromise, as it is perceived as indirect involvement.
- The distinction between the type of personal beliefs that fall within the scope of the conscience claims and those that don’t is arbitrary and unchallenged. Societies deny doctors accommodation of their personal beliefs with regard to patients from certain races. Similarly, societies could decide to deny accommodation of conscience claims around services such as abortion.

Conclusion
The AMA’s opinion on the accommodation of conscientious objection may protect certain members’ interests, but the AMA’s claim that accommodating this practice is a way to protect medical professionalism is unsupported due to the lack of moral justification for the practice itself.