CONSCIENTIOUS OBJECTION

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BACKGROUND

- Consultant in Anaesthesia and Intensive Care Medicine
- Interest in ethics (Chair for ESA)
- Roman Catholic upbringing

CAN I DEFINE A MATTER OF CONSCIENCE?

- Where the source of the situation carries a religious or philosophical dimension?
- Where the outcome or result leaves me with anguish or uncertainty and that anguish affects me beyond a professional level and on a metaphysical one?
- Because something feels like a matter of conscience…

AND…

- There is a difference or conflict between the wishes of the patient and my own belief system

THE BMA VIEW

- Doctors should have a right to conscientiously object to participation in abortion, fertility treatment and the withdrawal of life-sustaining treatment, where there is another doctor willing to take over the patient's care;
- Doctors should be able to request that arrangements are made to accommodate their conscientious objection to participating in other medical procedures, provided that patients are not disadvantaged. All requests should be considered on their merits;
- Doctors should not claim a conscientious objection to treating particular patients or groups of patients;
- Doctors should not share their private moral views with patients unless explicitly invited to do so;
- Doctors should ensure that any manifestation of their religious or cultural beliefs (such as clothing or other religious icons) do not impact negatively upon the therapeutic relationship.

WHERE DO MATTERS OF CONSCIENCE ARISE?

A dynamic exists between my own beliefs and my patient's which dictates:

- What I think my beliefs will allow me to do
- What my patient's beliefs will allow me to do

IN ANAESTHESIA

- Terminations
- Jehovah's Witnesses
- Veganism
- Non-essential surgery

NON-ESSENTIAL SURGERY?

- On basis of risk?
- On basis of benefit/harm?
- On basis of resource?

IN ICM

- End of life care
- Maternal critical care
- Jehovah's witnesses
- "Futile" interventions

“FUTILE” INTERVENTIONS

A source of anguish on the grounds of:

- Lack of benefit (can I define this)?
- Harm and suffering (can I be certain of this, is it more harm to do nothing)?
- Finite resource utilization?
- When an objection to part of a course of action renders the rest futile, but is insisted on anyway (AAA and Jehovah’s Witnesses)

RESOURCES AS A SOURCE OF MORAL ANGUISH

- By choosing a certain course either through insisting on certain interventions or refusing others an ICU admission can be protracted (blocking beds) and expensive.
- With a “blocked bed” this may impact on the delivery of care to other patients (non-clinical transfers, unit staffing).

END OF LIFE CARE

- What is futility?
- Acts vs Omissions
- Is end of life care any different to any other therapy?
- Squaring the circle in terms of outcome if not journey?

ADVANCED DIRECTIVES AND EUTHANASIA

- Compelling me to an act
- Self now vs self then

BEST INTERESTS AND LOSS OF CAPACITY

- When the patient lack capacity I must act in their “best interests”
- I can only truly comment on their “medical best interests”
- How can I separate my own moral beliefs in matters of conscience when I am acting on behalf of someone else?

PROFESSIONALISM

- Working to a (technical) standard
- Working to a (behavioral) standard
- Employed from the neck down?
- Am I employed as me the person or as me the technician?

PROFESSIONALISM IN MORALLY GREY AREAS

- Are all matters of conscience the same and carry the same weight?
- Veganism versus abortion?
- Life saving abortion vs family planning
- Case consistency and a reflective equilibrium
- A blanket approach? Are some things always “wrong”?

THE RIGHTS OF MY PATIENTS

- Articles 2, 3, (5), 8, 9 and 14

MY RIGHTS

- Articles 8, 9, 14 (and 3?)
- Medicine and moral servitude? Do I forfeit my own rights by becoming a doctor?
- Private versus public medicine

OPTING OUT

- Must be related to act rather than against a group (Jehovah's witnesses)
- Must where the treatment/course of action is clinically recognized facilitate alternate means to access it
- Do I act differently in an emergency vs an elective setting?
- Implications for my department due to my stance?

IS CONSCIENTIOUS OBJECTION COMPATIBLE WITH PROFESSIONALISM?

- Should those with a moral stance on an issue not be allowed to be part of a specialty (or even medicine)?
- Medicine is diverse enough that people can contribute to a specialty and still express a moral stance on an issue provided neither parties' rights or opportunities were infringed. With planning, most instances can be accommodated
- Pre-existing practioners and evolving ethics
- Emergency exceptionlism

RELATIVISM VERSUS ABSOLUTISM

- Is a rejection of conscientious objection its own for of absolutism?
- If it is can we be certain then that a given course of practice is the best?

A FINAL THOUGHT…

- Does Conscientious Objection fail the test of Universalization?
- Am I only afforded the luxury because others "do the dirty work"
- What if everyone decided to refuse to perform a procedure?
- But if everyone thought that a course of action was wrong, would there be a place for it in practice?
- Did Smith think his invisible hand could be moral?