CONFLICTS OF CONSCIENCE IN HEALTHCARE

INTRODUCTION
- No universally accepted ethical interpretive framework
- Reflects lack of consensus on what the good life is and how to live it
- We sometimes think of medicine as a unitary endeavor (and, in a sense it might be)
- But... there is a lot of moral divergence
- Conscientious objectors in medicine are reminders of how strong and deep this division can be

“CONSCIENTIOUS OBJECTION”
- Defining the term:
  - A conscientious objector in medicine is usually taken to be a medical practitioner who refuses to perform or participate in certain procedures or offer certain therapeutic modalities citing reasons of deep moral conflict.

CONDITIONS
- Respect for moral pluralism
- Respect for moral convictions

RESPECT FOR MORAL PLURALISM
- We live in a morally pluralistic society
- The project of pluralism, to paraphrase John Gray, is the attempt of different cultures to live together peacefully without rejecting their differences.

LEARNING POINTS
1. Grapple with the idea that medicine is a practice deeply steeped in values.
2. Explore options for moving forward when the deeply held values of different parties in medicine are incompatible.
3. Reflect on the different ways ethically difficult terrain can be experienced.
MORAL PLURALISM AND CONFLICT

- Moral diversity or pluralism (particularly if it is deep) is essentially synonymous with a certain level of disunity
- Diversity can be maintained only if some people value their own systems more than competing systems
- Respect for this means "live and let live" (tolerance, essentially)

MORAL PLURALISM IN CLINICAL PRACTICE

- Disunity means that, absent conversion, some medical encounters will reach an impasse when they are between members of moral communities that have little common ground

RESPECT FOR MORAL CONVICTIONS

- We should give people as wide a latitude as possible to live out their lives according to their moral convictions
  - Conscience
  - Bound up in the liberal commitment to avoid the establishment of religion
  - "Religion" here is (rightly) very broadly understood

RELIGION?

- Conscience, for our purposes, is a distillation of how you view your potential actions in the light of your own understanding of morality.
- No doubt conscience is informed by religious commitments for many, but is by no means a concept to be equated with any particular set of beliefs.

THE SIMPLE SOLUTIONS

- Doctors determine how they want to practice
  - Patients can agree or shop around
  - "Or"
  - Society determines scope of medical practice, which can change at any time
  - Doctors can agree or quit medicine

CRITIQUE OF THE SIMPLE

- The main thrust of the "simple solutions" are untenably oversimplified.
- The most popular one in the bioethics literature essentially denies that physicians have moral agency.
- The other solution is currently impractical due to a lack of transparency.
AGREE OR QUIT MEDICINE?

- Selection for willingness to participate in anything that is or becomes legal over the course of a career selects for people **without** an independently principled view of medical morality.
- Their view is, at best, technocratic

A BETTER DEFINITION

- Conscientious objection occurs when a physician refuses to participate in a requested procedure, therapy, prescription, etc. on the grounds that the **request is outside the legitimate scope of the practice of medicine** (ideally, as defined by an explicitly articulated philosophy of medicine).

PHILOSOPHY OF MEDICINE

- One does not need an explicitly articulated philosophy of medicine to appreciate:
  - You have a sense of what medicine is and how it evolves over time
  - You have a sense of what your own moral positions are and also how they evolve over time
  - You are able to make value judgements based on evidence (this is the essence of clinical practice)

THE SECOND DEFINITION

- Tethering conscientious objections to reflections about what medicine properly is can prevent someone from hiding behind the concept of CO when perhaps they ought not to.

WHAT CO IS NOT

- Conscientious objections are not objections based on moral discomfort, but rather ought to be deeper (in my opinion).
- CO is a distinct category.
- Need a way to curb the potential for abuse.

SOME EXAMPLES

- Growth hormone for enhancement
- Surgery for enhancement/aesthetics
- Pediatric surgery: conflict b/t parents and the child
- Executions
- Assisted suicide / medical aid in dying
DISTINGUISHING

- Important to distinguish between different levels of moral discomfort.
- Medicine is witness to a continuum of difficulties in the moral landscape of medicine.
- Degrees of acceptable cooperation.

POSITIVE CLAIMS OF CONSCIENCE

- Conscience claims not just negative
- Positive claims of conscience are gaining some more recognition in the field
- "I am called to provide this service."
- Value matching and a sense of duty.

WRAPPING UP

- Living harmoniously in a morally pluralistic context requires respecting others and their considered moral judgments.
- Differences can be deep and painful, especially if competing moral communities are forced into tight spots.
- The good news is that there is already a diversity of views within medicine.

CONCLUSION

- There are so many constraints to medical practice already and the concept of CO is a relatively narrow slice.
- It properly only applies when there are disagreements about what constitutes the core of medicine.

QUESTIONS?

"Two things awe me most, the starry sky above me and the moral law within me."

—Immanuel Kant