

CONSCIENTIOUS OBJECTION IN THE HEALING PROFESSIONS: A READERS' GUIDE TO THE ETHICAL AND SOCIAL ISSUES

Surveys and Attitudinal Research

Jere Odell, Rahul Abhyankar, Amber Malcolm, Avril Rua

(April 5, 2014)

Surveys and other forms of attitudinal research provide ethicists, health care professionals and policy makers with empirical information about how often people make conscience-based refusals or the circumstances in which they are more likely to make refusals. Attitudinal research also helps organizations plan for conflicts and to develop policies and educational programs. Attitudes about controversial issues may differ greatly depending on the populations surveyed and how the questions were framed. For example, in a 2010 survey of Nevada pharmacists, 6% indicated that they would not dispense at least one of the following: emergency contraception, abortifacients, drugs for erectile dysfunction, oral contraceptives, and infertility medication.(1) In contrast, a 2003 study of 597 Catholic hospital emergency rooms indicated that 55% of respondents would not provide emergency contraception under any circumstances.(2)

Below, we provide some key findings from attitudinal research of specific populations or about key topics relevant to conscientious objection in the health care.

End of Life:

An email survey of 451 neonatologists in the American Academy of Pediatrics regarding end of life issues:(3)

Nearly 20% of respondents would not defer care to a non-objecting colleague.

In a survey of 1,156 U.S. physicians:(4)

75% believed that withdrawing artificial nutrition and hydration (ANH) is ethically permissible. Evangelical Protestants and Muslims were the most likely to oppose withholding or withdrawing ANH.

Jere Odell, Rahul Abhyankar, Amber Malcolm, Avril Rua. Surveys and attitudinal research. *Conscientious objection in the healing professions a readers' guide to the ethical and social issues*. April 5, 2014. (Complete guide available from: <http://hdl.handle.net/1805/3844>.)

Copyright 2014, the authors. This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).



Institutions:

A survey of emergency rooms (597) in Catholic hospitals, 2002:(2)

- Willing to dispense emergency contraception:
 - Upon request: 5%
 - For rape survivors: 23%
- No emergency contraception provided at all: 55%
- Unclear policies: 11%
- Provided referrals to willing providers: 47%

A survey conducted in 2007 of 446 physicians working at religiously affiliated hospitals:(5)

- 19% (33) had experienced a clinical conflict with the hospital's religiously based policies.
- 86% (365) would refer patients to other hospitals for care when hospital policy conflicted with the physician's clinical judgment.

Nurses

A survey of 1,144 nurses in Idaho, 2009:(6)

- Moral distress: 35% (400) reported experiencing once a month
- Conscientious objection:
 - 75.7% (866) expressed that patient rights should be the first consideration in care
 - 66.4% (711) believed that a nurse working alone (without someone to substitute during controversial care) should be permitted to object for reasons of conscience.
 - 5.7% (62) reported having left a job because of a conscientious objection.

Pharmacists:

A survey of 668 pharmacists in Nevada, conducted in 2008:(1)

Would object to dispensing:

Erectile dysfunction drugs: 1.7% (8)
Emergency contraception: 7.5% (48)
Oral contraceptives: .5% (3)
Infertility drugs: 1.4% (9)
Medical abortifacients: 17.2% (105)

This survey also compared the willingness to dispense within religious demographics:

Catholics and Evangelical protestants were similarly in willingness to dispense medical abortifacients--Catholics: 74.8%; Evangelicals: 74.7%. In contrast, Non-religious and Mainline protestants were 94.7% and 93.2% willing to dispense.

Physicians:

A survey of 1144 U.S. physicians, 2007:(7)

- Are objecting physicians obligated to give patients information about treatment options? 86% Yes; 6% Undecided; 8% No.
- Are objecting physicians obligated to refer patients to a willing provider? 71% Yes; 11% Undecided; 18% No.
- Would object to "Terminal sedation:" 17%
- Would object to "Abortion due to failed contraception:" 52%
- Would object to "Prescription of birth control to adolescents without parental consent:" 42%
- This study found that "29% of patients — or nearly 100 million Americans — may be cared for by physicians who do not believe they have an obligation to refer the patient to another provider."

Survey of 446 U.S. physicians in 2007:(8)

- 78% agreed: "A physician should never do what he or she believes is morally wrong, no matter what experts say."
- 57% agreed: "Sometimes physicians have a professional ethical obligation to provide medical services even if they personally believe it would be morally wrong to do so."
- 82% agreed with a duty to refer patients to willing providers.

A vignette survey of 1154 U.S. OB/GYN specialists, 2011:(9)

- Physician conscience-based refusals: 43% considered refusals "appropriate"
- Referral without disclosure of personal objection: 70% approved
- Referral with disclosure of personal objection: 51% approved
- Disclosure of personal objection without referral: 12% approved

Family medicine physicians and residents (154) at the University of Wisconsin, 2008:(10)

- Would object to "Performing or referring for an abortion for gender selection because of parental preference:" 79.2%
- Reported participating in care they found to be morally objectionable: 57%
- Had reported an objection to a supervisor: 13%
- Believe physicians are morally obligated to disclose objections to colleagues: 86.4%
- Believe physicians have an obligation to refer patients to willing providers: 90.2%

Physicians in Missouri (18), interviewed in 2009:(11)

The physicians were asked to describe three dilemmas of conscience that they had experienced. The physicians described a total of 65 dilemmas. The authors conclude that physicians approach these dilemmas differently as they gain professional experience.

A survey of 1,032 physicians in the U.S., 2009:(12)

In using the Moral Foundations Questionnaire, the authors identified personal values associated with a likeliness to object to abortion and euthanasia. The value of "Sanctity" was positively

correlated with objections to abortion and to euthanasia. Respect for "Authority" was correlated to objections to abortion, but not towards euthanasia.

Reproductive Medicine:

In a review of over 100 articles (in six languages) reporting attitudes regarding the provision of reproductive health care, Global Doctors for Choice authors conclude that conscientious objection is both a global phenomenon and increasingly prevalent.(13) The authors note that objections seem less common in cultures that "promote women's autonomy" (S51). In addition to reviewing attitudinal research, the authors reflect on the impact of conscientious objections and policy approaches to minimize them.

Students:

Medical students in London, England, 2012:(14)

- "Abortion for congenital abnormalities before 24 weeks": 15.8% (n=115) would not perform.
- "Abortion for congenital abnormalities after 24 weeks": 29.5% (n=212) would not perform.
- "Abortion for failed contraception before 24 weeks": 23% (n=170) would not perform.
- "Do you think that doctors should be entitled to object to any procedure for which they have a moral, cultural or religious disagreement?": 45.2% (n=327) agreed.

Medical students in clerkships, Pennsylvania, U.S.A., 1992:(15)

- 58% indicated having provided a service they considered unethical.
- 62% believed themselves to have been ethically desensitized during clinical rotations.

Medical students (531), Norway, 2013:(16)

- Support right to object:
 - For moral or religious reasons: 20.8%
 - To abortion before week 12: 53.0%
 - To referral for abortion: 10.2%
 - To euthanasia: 89.3%
 - Male circumcision (infants): 71.9%
 - Assisted reproduction for lesbian couples: 26.5%
- Would object:
 - To abortion before week 12: 14.7%
 - To referral for abortion: 4.9%
 - To euthanasia: 61.6%
 - Male circumcision (infants): 52.4%
 - Assisted reproduction for lesbian couples: 9.7%

References

1. Davidson LA, Pettis CT, Joiner AJ, Cook DM, Klugman CM. Religion and conscientious objection: a survey of pharmacists' willingness to dispense medications. *Soc Sci Med* 1982. 2010 Jul;71(1):161–5.
2. Nunn A, Miller K, Lapert H, Ellertson C. Contraceptive emergency: Catholic hospitals overwhelmingly refuse to provide EC. *Conscience* Wash DC. 2003;24(2):38–41.
3. Feltman DM, Du H, Leuthner SR. Survey of neonatologists' attitudes toward limiting life-sustaining treatments in the neonatal intensive care unit. *J Perinatol*. 2012 Nov;32(11):886–92.
4. Wolenberg KM, Yoon JD, Rasinski KA, Curlin FA. Religion and United States Physicians' Opinions and Self-Predicted Practices Concerning Artificial Nutrition and Hydration. *J Relig Health*. 2013 Dec 1;52(4):1051–65.
5. Stulberg DB, Lawrence RE, Shattuck J, Curlin FA. Religious Hospitals and Primary Care Physicians: Conflicts over Policies for Patient Care. *J Gen Intern Med*. 2010 Jul 1;25(7):725–30. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881970/>
6. Davis S, Schrader V, Belcheir MJ. Influencers of ethical beliefs and the impact on moral distress and conscientious objection. *Nurs Ethics*. 2012 Nov;19(6):738–49.
7. Curlin FA, Lawrence RE, Chin MH, Lantos JD. Religion, conscience, and controversial clinical practices. *N Engl J Med*. 2007 Feb 8;356(6):593–600. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2867473/>
8. Lawrence RE, Curlin FA. Physicians' Beliefs About Conscience in Medicine: A National Survey. *Acad Med J Assoc Am Med Coll*. 2009 Sep;84(9):1276–82. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2859045/>
9. Rasinski KA, Yoon JD, Kalad YG, Curlin FA. Obstetrician-gynaecologists' opinions about conscientious refusal of a request for abortion: results from a national vignette experiment. *J Med Ethics*. 2011 Dec;37(12):711–4. Available from: <https://pmr.uchicago.edu/sites/pmr.uchicago.edu/files/uploads/J%20Med%20Ethics-2011-Rasinski-jme.2010.040782.pdf>
10. Frank JE. Conscientious refusal in family medicine residency training. *Fam Med*. 2011 May;43(5):330–3. Available from: <http://www.stfm.org/fmhub/fm2011/May/Jennifer330.pdf>
11. Badro V. Dilemmas of Conscience in the Practice of Medicine: A Phenomenological Study. *Narrat Inq Bioeth*. 2011;1(3):171–88.
12. Tilburt JC, James KM, Jenkins SM, Antiel RM, Curlin FA, Rasinski KA. “Righteous Minds” in Health Care: Measurement and Explanatory Value of Social Intuitionism in Accounting for the Moral Judgments in a Sample of U.S. Physicians. *PLoS ONE*. 2013 Sep 4;8(9):e73379. Available from: <http://dx.doi.org/10.1371/journal.pone.0073379>
13. Chavkin W, Leitman L, Polin K. Conscientious objection and refusal to provide reproductive healthcare: A White Paper examining prevalence, health consequences, and policy responses. *Int J Gynecol Obstet*. 2013 Dec;123, Supplement 3:S41–S56. Available from:

http://globaldoctorsforchoice.org/wp-content/uploads/GDC_White-paper-on-CO-in-reproductive-health_ENG.pdf

14. Strickland SL. Conscientious objection in medical students: a questionnaire survey. *J Med Ethics*. 2012 Jan;38(1):22–5.
15. Feudtner C, Christakis DA, Christakis NA. Do clinical clerks suffer ethical erosion? Students' perceptions of their ethical environment and personal development. *Acad Med J Assoc Am Med Coll*. 1994 Aug;69(8):670–9. Available from: <http://www.nicholaschristakis.net/pdf/publications/articles/018.pdf>
16. Nordstrand SJ, Nordstrand MA, Nortvedt P, Magelssen M. Medical students' attitudes towards conscientious objection: a survey. *J Med Ethics*. 2013 Aug 14;medethics–2013–101482.