

The doctor's conscience

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An internal awareness of moral truth – right and wrong, good and evil.

It is an essential part of our humanity – a reflection of the image of God

A guilty conscience

‘For I know my transgressions and my sin is ever before me. Against you, you only, have I sinned and done what is evil in your sight. ‘

Psalm 51: 3-4

But our conscience is also flawed and fallen, and can be unreliable.

A hardened conscience

- ‘Seared’ - 1 Timothy 4:2
- ‘Defiled’ – Titus 1:15
- A ‘hard and impenitent heart’ – Romans 2:5

An over-sensitive or 'weak' conscience

1 Corinthians 8: 7-12

Being over-sensitive or 'hyper-scrupulous' about
'meat offered to idols'

The accuser

‘And I heard a loud voice in heaven, saying,
“Now the salvation and the power and the
kingdom of our God and the authority of his
Christ have come, for the accuser of our
brothers has been thrown down, who accuses
them day and night before our God.’

Revelation 12:10

Forgiveness

‘If we say we have no sin, we deceive ourselves, and the truth is not in us. If we confess our sins, he is faithful and just to forgive us our sins and to cleanse us from all unrighteousness.’

1 John 1:8-9

‘...By this we shall know that we are of the truth and reassure our heart before him; for whenever our heart condemns us, God is greater than our heart, and he knows everything.’

1 John 3: 19-20

The historical right of
conscientious objection in
medicine is under sustained attack

Sources of attack

Secularists and philosophers – Conscience is based on religious belief and has no place in a modern health service.

Managers and lawyers – Conscientious objection (CO) interferes with the smooth running of health services and interferes with patient access to legal ‘treatments’.

Authoritarian governments – CO interferes with efficient state control of employees and citizens.

A Catholic hospital in Canada has been ordered to provide assisted-suicide services

By **Scottie Andrew, CNN**

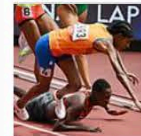
🕒 Updated 1927 GMT (0327 HKT) September 23, 2019



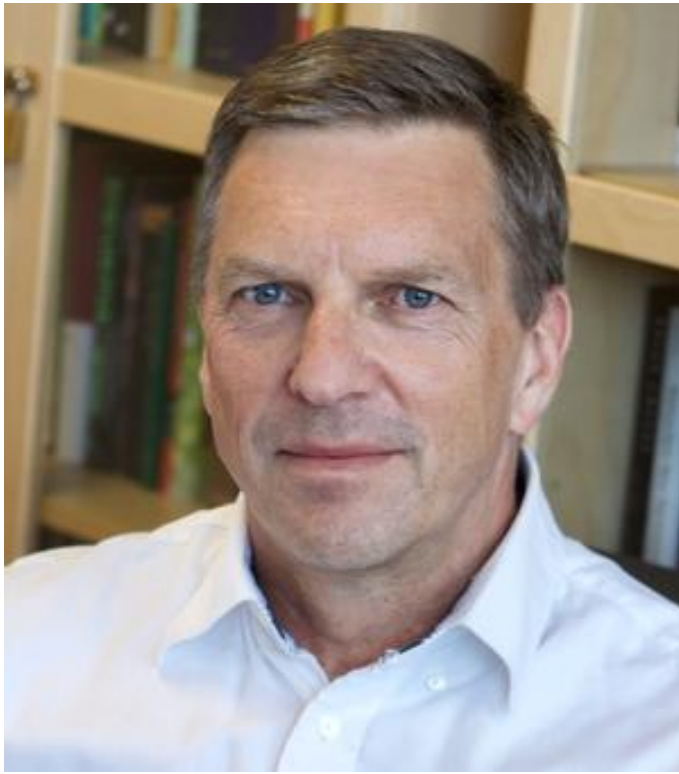
News & buzz



UK scientists believe it 'almost certain' a coronavirus...



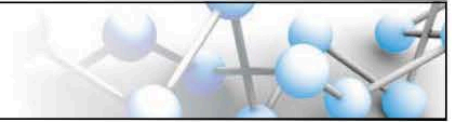
Sifan Hassan fell during 1,500 meter heat — and still...



**Prof Julian Savulescu
Oxford Uehiro Centre
for Practical Ethics**

“Doctors must put patients’ interests ahead of their own integrity. They must ensure that legal, beneficial, desired services are provided, if not by them, then by others. If this leads to feelings of guilty remorse or them dropping out of the profession, so be it.....

“..... As professionals, doctors have to take responsibility for their feelings. There is an oversupply of people wishing to be doctors. The place to debate issues of contraception, abortion and euthanasia is at the societal level, not the bedside, once these procedures are legal and a part of medical practice.”



DOCTORS HAVE NO RIGHT TO REFUSE MEDICAL ASSISTANCE IN DYING, ABORTION OR CONTRACEPTION


JULIAN SAVULESCU AND UDO SCHUKLENK

“We argue that there should be better protections for patients from doctors’ personal values and there should be more severe restrictions on the right to conscientious objection, particularly in relation to assisted dying.....”

“.....We argue that eligible patients could be guaranteed access to medical services that are subject to conscientious objections by:

- (1) removing a right to conscientious objection
- (2) selecting candidates into relevant medical specialities or general practice who do not have objections
- (3) demonopolizing the provision of these services away from the medical profession.”

Savelescu and Schuklenk *Bioethics* 2017,
31: 162–170



injection as a treatment. Some medical regulators are compelling healthcare professionals to make arrangements for euthanasia and assisted suicide assessments, even if the patient hasn't been able to access other care options. If healthcare professionals don't comply, they can be disciplined or even pushed out of medicine.

What will happen to patients if their doctor, nurse, pharmacist or other healthcare professional is forced out of medicine? We need your help to ensure that healthcare professionals can continue to care for their patients. Sign up below to participate in conscience campaigns across Canada.

FIRST NAME

LAST NAME

What is the role of conscience in medicine?

1. Preserving the *moral integrity* of the individual clinician
2. Preserving the distinctive characteristics and reputation of medicine as a *profession*
3. An essential *safeguard* against political and organisational abuse of power

1. Preserving moral integrity

‘Integrity’ is a medical concept.

Orthopaedics – ‘the integrity of a joint’.

When applied to morality it means moral health, internal consistency and well-being.

To be forced by State power to undertake actions which are morally offensive and incompatible with who we perceive ourselves to be is a violation: ***“rape of the heart.”***

European Convention on Human Rights

(1) Everyone has the right to **freedom of thought, conscience and religion**; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.

European Convention on Human Rights

(2) **Freedom to manifest one's religion** or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others.'

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2. Preserving patient trust

IPSOS MORI Veracity Index 2020

“Who do you trust to tell you the truth?”

Nurses – 93%

Doctors – 91%

Scientists – 82%

Lawyers – 61%

Clergy/priests – 56%

Journalists – 23%

Politicians – 15%

Can you really trust a doctor whom you know is under state control when it comes to their fundamental moral choices and behaviour towards you?

There is a fundamental benefit for the practice of medicine within society if physicians are seen to act with personal integrity.

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In the end there are only two options for where ultimate power resides:

- 1. State control** – the State decides how doctors should behave and exercises control over their actions. The State will refuse to allow doctors to continue to practise medicine if they refuse to comply.
- 2. Individual conscience** – the individual doctor has the legally recognised option of refusing to act in a way which violates his or her own moral integrity. State coercion is “a rape of the heart”.

It is important to recognise that the right of conscience must not be limited to issues such as abortion and euthanasia, but that it is an essential protection against horrific abuses of state and organisational power.

Karl Brandt at Nuremberg War Trials



Abuse of psychiatry under Stalin



*Prisoners exercising in the yard of
Orel special psychiatric hospital.*

Tuskegee Syphilis Study

The New York Times

Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER

The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to come to the

have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say

Doctors' involvement in torture

Jesper Sonntag, MD*

Abstract

Doctors from both non-democratic and democratic countries are involved in torture. The majority of doctors involved in torture are doctors at risk. Doctors at risk might compromise their ethical duty towards patients for the following possible reasons: individual factors (such as career, economic or ideological reasons), threats, orders from a higher ranking officer, political initiatives, working in atrocity-producing situations or dual

When doctors are involved in torture it has devastating consequences for both torture survivors and doctors. The consequences for the survivors can be mistrust of doctors, avoidance of seeking doctors' help and nightmares involving doctors. Mistrust and avoidance of doctors could be especially fatal to the survivor, as it could mean a survivor who is ill may not seek medical attention. When the unambiguous role of the doctor as the protector and helper of people is questioned, it affects the medical profession all over the world.

Torture 2008;18:161-75.

China to stop harvesting executed prisoners' organs

🕒 4 December 2014 | [China](#)



CHINA PHOTOS

Prisoners used to account for two-thirds of transplant organs, based on previous estimates from state media

Top Stories

Sepp Blatter to quit as Fifa president

Sepp Blatter is to resign as president of football's governing body Fifa amid a corruption scandal after 17 years in charge.

🕒 8 minutes ago

Tributes paid to Charles Kennedy

🕒 2 hours ago

Four badly hurt in Alton Towers crash

🕒 4 minutes ago

Features



Our father

There are many historical precedents for what State control of medicine can lead to

- The Nazi doctors
- Psychiatrists in Russia under Stalin
- Doctors who monitor the torture of political prisoners and terrorists
- Doctors who participate in the removal of organs from executed prisoners
- Doctors who participate in executions

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Do I have a duty to refer my patient for a procedure which I find morally offensive?

Moral complicity with evil

If I am asked to participate in a murder, am I morally complicit if I refuse but refer the person on to a known contract killer?

Yes – but there is a difference between committing a murder and facilitating it – or being ‘an accessory’ to the act.

Do I have a duty to refer my patient for a procedure which I find morally offensive?

- Working within a team in which colleagues may be prepared to advise and refer on if necessary.
- ‘Signposting’ rather than ‘referral’, eg providing telephone numbers etc, rather than providing a formal referral letter.
- Organisational arrangements to allow care to be transferred, for example within a hospital setting.



The University Health Network in Toronto has adopted what it calls a “three team model” for the delivery of Medical Aid in Dying.

1. Normal clinical team
2. Assessment team
3. Intervention team

The clinical team, responsible for the first stages of response to a patient inquiry about MAiD, consists of “all health care providers involved in usual care for the patient”.



.....The assessment and intervention teams, which handle all further steps in the pathway, including assessment and provision, “are constituted entirely of physicians and nurse practitioners who have volunteered to participate.” This approach “has largely circumvented the anticipated problem of conscientious objection”.

UK General Medical Council Guidelines

‘You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient’s lifestyle, choices or beliefs.....

UK General Medical Council Guidelines

..... If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role.'

When we employ conscientious objection we object to a *treatment* or *procedure*, we do not object to a *patient*. We have a moral duty not to abandon our patient.

But how do we decide which moral principles and values are acceptable as grounds for conscientious objection?

Eg: racism, sexism, sadism, self-interest, self-preservation etc

Morten Magelssen *Journal Medical Ethics*

2012 Jan;38(1):18-21

Conscientious objection is justified if,

1. There is a serious violation of deeply held conviction.
2. The objection has plausible moral or religious rationale
3. Treatment or procedure is not an essential part of the individual's work
4. The burdens and inconvenience to patient, colleagues and institution are acceptably small

The threat to future students

“...the problem could be avoided at an earlier stage if medical educators would alert their students not to seek careers in specialties in which their conscientious objections would limit the services they would be willing to provide. Future practitioners who object to abortion would be well advised not to aim at obstetrics/gynecology,.....”

.....likewise, those who object to Medical Aid in Dying (euthanasia) should steer well clear of family practice, oncology, and palliative care. The best way to solve the problem of the conflict between practitioner conscience and patient need is to prevent it from arising in the first place....”

LW Sumner, University of Toronto Law Journal

“I hate performing abortions. But you know sometimes as a doctor you have to learn to do things that are unpleasant....”

In the practice of medicine it is
important to distinguish between

aesthetic repugnance

and

moral repugnance

Q1250 Response by Dr. Legemaate: ***"No physician ever likes performing euthanasia."***

Q1350 Question by Baroness Finlay: "The first time that you performed euthanasia, how did you feel about it as a clinician?" Response by Dr. Van Coevorden: ***"Awful."***

Q 1351 Response by Dr. Mensingh van Charente: ***"It is not a normal medical treatment. You are never used to it."***

Select Committee on Assisted Dying, 2005, HOL

Overcoming ***aesthetic repugnance*** is an essential part of becoming an effective and compassionate physician.

Recognising and responding to ***moral repugnance*** is an essential part of retaining moral integrity.

Conclusions

Why is conscience important?

- Preserving the *moral integrity* of the individual clinician
- Preserving the distinctive characteristics and reputation of medicine as a *profession*
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Conclusions

The right of conscientious objection is an important safeguard of personal moral integrity and is a reflection of the special characteristics of the medical profession within society.

However conscientious objection is clearly open to abuse and should only be used where the ethical values on which it is based are central to the agreed goals of the medical profession.

Further reading

Morten Magelssen, When should conscientious objection be accepted? *Journal of Medical Ethics* 2012 Jan;38(1):18-21

Trevor Stammers, Conscience Wars, *Triple Helix*, CMF, Winter 2018

John Wyatt. The doctor's conscience. *CMF File* 39 (2009)

