

Pro-Life Nurses and Cooperation in Abortion Ordinary Care or Extraordinary Intervention?

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Nurses today are confronted with many difficult moral issues—some old and some new, the latter often generated by “brave new world” medical science and technology and by an increasingly hostile American medical culture, opposed as it can be to pro-life values of respect for human life from conception until natural death.¹ The question of whether pro-life nurses should work for hospitals which perform abortions is one such difficult moral question which frequently pricks the consciences of many of these individuals, since many, in fact, already *are* employed by such institutions. A related question is whether a pro-life nurse can *assist*, when pressured or coerced to, at abortions in these same health-care institutions if rel-

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¹“The upheaval in the health-care industry has created unprecedented ethical dilemmas, ambiguity, and moral tension. In a world of accelerating change, health-care reform has resulted in fundamental changes throughout the system... We are in a moral crisis in health care today, a crisis that has more to do with values than with economics.” Barbara J. White, R.N., “A Call to Moral Leadership,” in *BioEngagement: Making a Christian Difference through Bioethics Today*, eds. Nigel M. de S. Cameron, Scott E. Daniels, and Barbara J. White (Grand Rapids, MI: Wm. B. Eerdmans, 2000), 181.

evant laws and regulations do not protect one's sincere conscientious objection to cooperating in the practice.²

These questions can be framed in many different ways, to include many scenarios and circumstances—which can in turn affect one's moral analysis of them. I will try to keep my approach to answering them in very general terms so as to make it relevant for a wide range of particular cases that might arise, each with its own nuances. To provide answers to our questions, or at least a framework for doing so, it will be necessary 1) to set forth some basic principles and presuppositions for thinking about the questions; 2) to discuss the moral principles of cooperation with those involved in cooperating with immoral activity; 3) to formally reply to the questions; 4) to offer some practical suggestions for nurses to help them deal with the very sorts of situations that lead to these questions being raised; and 5) to offer some concluding thoughts which call for an intensified pro-life witness on the part of nurses in our anti-life cultural environment.

Finally, I want to note that, although I am a Catholic moral theologian, my treatment of these questions will not presuppose my own particular religious commitment, but rather will be made in terms that all persons of goodwill can, in theory, ascribe to, that is, the natural law. Even when I identify particular principles that the Catholic Church has found useful in analyzing difficult moral issues, these too, I believe, are accessible to persons who do not share that community's faith, or any other faith for that matter. In other words, I firmly hold to the idea that, to be pro-life, one does not have to be a Christian or even to believe in God (although many in the pro-life movement are Christians). Moreover, many, in fact, who believe in God and/or call themselves Christian actually accept abortion! Thus, although I believe that it is very difficult today to be pro-life without making a religious commitment, a Christian faith commitment, as we know from experience, does not necessarily guarantee a pro-life position, or at least a consistent one!

Basic Moral Principles and Presuppositions

The following five principles, although not exhaustive, are strategically important for morally sound health-care practice with respect to the care of the unborn—indeed for all aspects of health care and the bioethical issues that arise from it.

- Human life is of unsurpassable dignity and value. It is intrinsically good, and for this reason, no bad condition can lessen the fundamental goodness (and, for Christians and Jews, the sanctity) of human life.
- It is never morally permissible to directly or intentionally take (either as an end or a means) the lives of innocent human persons; although at times, it is morally permissible to accept death as a foreseen side effect of a freely chosen good act.

²“Coercion, whether physical or moral, is often called duress.” Benedict M. Ashley, O.P., and Kevin D. O'Rourke, O.P., *Ethics of Health Care: An Introductory Textbook*, 3rd ed. (Washington, D.C.: Georgetown University Press, 2002), 21.

- Because it can be scientifically shown that the unborn are human beings, direct abortion is always gravely wrong and thus can never be justified, since it is the taking of innocent human life.
- Absolute respect for every innocent human life also requires the exercise of conscientious objection in relation to procured abortion (and other attacks against life, e.g., euthanasia).
- In making moral decisions, including those in health care, a person is obligated to follow his or her own (well-formed) conscience and to never act contrary to it or to violate the conscience of another person.

These principles can help to guide ethical thought and practice on the issue of nursing practice and abortion. And though each of them can be explained and defended more fully, this should suffice for our purposes. In sum, the pro-life nurse must not only refuse to do abortions (or to do anything else that is unjust or intrinsically evil), but also refuse to wrongly cooperate with them (or to cooperate with anything else that is unjust or intrinsically evil). But what is meant by “wrongful cooperation”? I turn now to what are called the “principles of cooperation” with the evil actions of others.

Principles of Cooperation: Material vs. Formal

In every day and age, good persons have found themselves having to cooperate (for various reasons) with what they believe to be the objectively immoral actions of other persons. Just think, for example, of the mailman who delivers morally objectionable material as he or she legitimately goes about doing his or her route (which is socially good and necessary), or of the citizen who pays his taxes as required by law (which is also socially good and necessary), some of which go to pay for activities that he or she morally objects to. Today, in our “culture of death,” which rejects many elements of “traditional morality”—and indeed makes “legal” (i.e., as a constitutional right) many immoral acts such as abortion—persons of upright moral character find themselves confronted more and more with “questions of conscience” over whether they can cooperate in the wrongdoing of others. These questions become especially acute when the issues involve matters of life and death, for example, abortion and one’s participation in it to some degree.

Since it is impossible for one to avoid (or even to know about!) all forms of cooperation in evil, and since avoidance is often incompatible with doing one’s rightful duty, are there “true and tested” guidelines to help one determine which forms of cooperation are impermissible and which forms are tolerable? Yes, there are, in fact, and it is to this question that I now turn. But first we need to briefly define what we mean by “cooperator.” This term refers not to someone who instigates another’s wrongdoing, but to someone involved in wrongdoing initiated by another and involved in this wrongdoing by an act more or less distinct from it. With this point in mind, we can proceed to make a distinction between two kinds of cooperation—formal and material.³

³Here, I summarize the useful definitions of formal and material cooperation found in moral theologian Germain Grisez, *The Way of the Lord Jesus*, vol. 3, *Difficult Moral Questions*

Formal Cooperation. Formal cooperation is always morally unacceptable, because, by definition, it involves intending what is bad, that is, making the bad action of another “one’s own,” as it were. Thus, any act by which one formally cooperates in the wrongdoing of another is morally wrong in itself and so should never be done.

Material Cooperation. By contrast, the material cooperator’s act, if not wrong for some other reason, is wrong if, and only if, he or she does intend the bad side effects of contributing to another’s wrongdoing. Further significant distinctions are made between mediate and immediate material cooperation, between proximate and remote material cooperation, and between necessary and contingent material cooperation, but these need not concern us here.⁴

These definitions make it clear that the moral act carried out by a person who assists another in an evil action can be either formal or material cooperation and that this depends primarily on what the cooperator *intends*. Although the principles of cooperation have been articulated in the context of the Catholic theological tradition, I believe that they are useful in thinking about moral issues concerning cooperation for all persons because they correspond to an objective moral order, that is, to moral truth. Thus by employing them, they help our actions to be reasonable, and therefore to be ethically upright.

Providing Answers to Our Questions

With these moral principles and presuppositions in place, we are now prepared to offer some answers to our two questions. Reasonable people might come to somewhat different conclusions on these questions, but here is my own attempt to respond to them.

Should Pro-Life Nurses Work in Hospitals That Perform Abortions?

Of our two questions, this seems to be the easier to respond to. I do not think that it is morally necessary for nurses with pro-life convictions either to refuse employment or to quit their jobs at hospitals that perform abortions—provided the

(Quincy, IL: Franciscan Press, 1997), appendix 2, “Formal and Material Cooperation in Others’ Wrongdoing,” 872–874. See also F.J. Fitzpatrick, *Ethics in Nursing Practice: Basic Principles and Their Application* (London: The Linacre Centre, 1988), ch. 7, 128–133, for analysis of the principles of cooperation with direct focus on the nurse and cooperation in abortion. As we will see, however, unlike Grisez, Fitzpatrick argues that “a nurse who actually takes part in the procedure by which an unborn child is destroyed cooperates formally in the procedure, according to the criteria for formal cooperation which were set out in chapter 7: what she actually does is specifically geared to the destruction of the fetus. Hence all such participation is morally wrong” (234–235). He goes on to note that providing premedication and aftercare for abortion patients need not involve formal cooperation, however, if it meets certain conditions. That is, such care can sometimes be justifiable material cooperation (see 235–236).

⁴For a brief but helpful discussion of these further distinctions, see Rev. Russell E. Smith, “Individual and Corporate Cooperation,” in *Ethical Principle in Catholic Health Care*, ed. Edward James Furton and Veronica McLoud Dort (Boston: The National Catholic Bioethics Center, 1999), 134.

hospital does not require the nurse to participate in them or in other morally objectionable procedures. (Yet I would, however, respect the conscientious decision of someone who came to the opposite conclusion and thinks that, even with a conscience clause, nurses should not work for these institutions). While we have noted that abortion is a serious injustice perpetrated against the unborn child (as well as his or her mother), clearly pro-life health-care personnel who work for such hospitals do not *intend* the evil of abortion, that is, they do not want or will any of the abortions that take place there. So, in this case, there is clearly no formal cooperation, which is always morally illicit.⁵

Moreover, there is much good that these nurses do at such hospitals, and that, in fact, is all that they have to intend to do at such places. Among the many genuine human goods and values that are witnessed to by pro-life nurses is the inestimable value of every human life—life not to be snuffed out in an abortion or in other ways.

However, although I hold that nurses are morally justified in working in these hospitals, they also have a serious moral responsibility—dependent upon what is in their power to change—to witness to the truth about the inherent wickedness of abortion. This is especially true and urgent today in our culture of death. Now, obviously, this responsibility admits of degrees and involves a great deal of prudence, that is, about how, when, and where one does such witnessing.

The bottom line is this: If pro-life nurses abandon these abortion-performing hospitals, there will be an even more impoverished witness to the pro-life perspective within their walls; hence, the more secularly pro-abortion they will become. Pro-life nurses must not abandon the maternity wards and other units of hospitals to the pro-abortion forces! As long as they have good reasons to work in such hospitals and avoid any appearance of condoning and/or supporting immoral procedures, they are, it seems to me, morally justified to work in them. They might even donate a portion of their time and salary to the pro-life cause.

Should Pro-Life Nurses Assist with Abortions When Coerced?

At first glance, the reply to this question seems obvious. No nurse or anyone else who respects the lives of the unborn would be morally justified in assisting in an abortion procedure. What is interesting to note, however, is that Catholic moral theology and teaching, basing itself on the principles of cooperation outlined above, does not appear to say that this is true in an absolute sense. Note the words of Pope John Paul II in his 1993 encyclical *Evangelium vitae*, which seem to refer to this very situation:

The passing of unjust laws often raises difficult problems of conscience for morally upright people with regard to the issue of cooperation, since they have a right to demand not to be forced to take part in morally evil actions. Sometimes

⁵Smith, in “Individual and Corporate Cooperation,” 134, refers to this kind of material cooperation on the part of the health-care worker as “mediate” because the moral object of the cooperator’s act is not that of the wrongdoer’s. This kind of cooperation can be justified, he argues “1) for a sufficient reason; and 2) if scandal can be avoided. It is a form of cooperating with the circumstances surrounding the wrongdoer’s act.”

the choices which have to be made are quite difficult; they may require the sacrifice of prestigious professional positions or the relinquishing of reasonable hopes of career advancement. In other cases, it can happen that carrying out certain actions, which are provided for by legislation that overall is unjust, but which in themselves are indifferent, or even positive, can serve to protect human lives under threat. *There may be reason to fear, however, that willingness to carry out such actions will not only cause scandal and weaken the necessary opposition to attacks on life, but will gradually lead to further capitulation to a mentality of permissiveness.*⁶

While to perform an abortion, or to intend that someone have one, is never morally right for any reason or motive, no matter what the consequences are, *assisting* at one, under certain highly restricted conditions and only for compelling reasons, is, in principle, possible. Or is it? How are we to understand this? Is this position morally right? Even if it is, in principle, right, is it the best answer we can give in our present cultural climate, dominated as it is by the pro-abortion ideology? Let us now explore these important questions.

More than 80 percent of hospitals in the United States decline to perform abortions on site.⁷ Nonetheless, if a pro-life nurse is unfortunate enough to be practicing at a hospital which does perform them, the question of cooperation/participation in abortion becomes very relevant indeed. All but four states have a “conscience clause” (but these laws usually offer only limited protection and do not cover all health-care providers, e.g. pharmacists).⁸ Moreover, pro-abortion groups, calling these laws “denial clauses,” are crusading against them through concerted legal action.⁹ They are also trying to force religious health-care institutions, espe-

⁶Pope John Paul II, encyclical letter, *Evangelium vitae*, *The Gospel of Life*, n. 74, emphasis added, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html. “In order to shed light on this difficult question,” the pope continues, “it is necessary to recall the general principles concerning *cooperation in evil actions*. Christians, like all people of good will, are called upon under grave obligation of conscience not to cooperate formally in practices which, even if permitted by civil legislation, are contrary to God’s law. Indeed, from the moral standpoint, it is never licit to cooperate formally in evil. Such cooperation occurs when an action, either by its very nature or by the form it takes in a concrete situation, can be defined as a direct participation in an act against innocent human life or a sharing in the immoral intention of the person committing it. This cooperation can never be justified either by invoking respect for the freedom of others or by appealing to the fact that civil law permits it or requires it. Each individual in fact has moral responsibility for the acts which he personally performs; no one can be exempted from this responsibility, and on the basis of it everyone will be judged by God himself (cf. Rom 2:6; 14:12)” (original emphasis).

⁷Kathryn Jean Lopez, “The Right to Choose? Really?” *Human Life Review* 28.4 (Fall 2002): 44. Some 90 percent of abortions are actually performed outside of hospitals.

⁸Many of these laws were passed in the first ten years after *Roe v. Wade* (410 U.S. 113 [1973]), and thus would not deal with many of the moral issues raised by the new medical and genetic technology of the last twenty years.

⁹See NARAL’s “Refusal Clauses,” <http://www.naral.org/facts/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=1571>. Their mantra is that medicine, not religious ideol-

cially Catholic hospitals, to provide a full range of “reproductive services,” such as abortion and abortifacient pills, which these institutions find morally repugnant. This is one of the reasons why the U.S. House of Representatives approved the *Abortion Non-Discrimination Act*, H.R. 4691, on September 25, 2002, to ensure that health-care providers can continue to exercise their right to refuse, in conscience, to become complicit in an abortion.¹⁰ The protection afforded by this bill would be more comprehensive in scope than most of the state conscience clauses.¹¹

Obviously, if the nurse is protected by a conscience clause or finds himself or herself working for a hospital that will accommodate his or her moral and/or religious beliefs, then no moral problem of conscience arises.¹² The nurse can and indeed should refuse to cooperate in the deadly procedure. In Michigan, for example, nurses and other health-care providers are protected by the kinds of laws which uphold their right to refuse to promote or provide abortions to patients in any way, so that they do not have to make a decision between their conscience and their profession (at least on this issue).

ogy, should dictate health-care decisions. But one can object to immoral health-care practices on grounds that they violate not only divine law but natural law as well.

¹⁰See Richard M. Doerflinger, “From ‘Pro-Choice’ to Coerced Abortion: Health-Care Providers’ Conscience Clauses under Assault,” *Denver Catholic Register*, October 23, 2002, <http://www.archden.org/dcr/archive20021023/>. See the overview of the bill on the web site of the Republican Study Committee, <http://www.house.gov/burton/RSC/Lb92502.pdf>. Kathryn Jean Lopez, “The Right to Choose?” also addresses the nature of the bill. On July 14, 2003, this legislation was reintroduced as S. 1397 in the U.S. Senate by Judd Gregg (R-NH), Ben Nelson (D-NE), and six others after being killed there in the past without votes. For a good review of “conscience clause” legislation in general, including existing conscience clause protection laws, see Brigham Young University Law School Professor Lynn Wardle’s prepared witness testimony for the House Committee on Energy and Commerce, Subcommittee on Health, “Protecting the Rights of Conscience of Health Care Providers and a Patient’s Right to Know,” July 11, 2002, <http://energycommerce.house.gov/107/hearings/07112002Hearing632/Wardle1089.htm>. See further Carol N. Hogan, “Conscience Clauses and the Challenge of Cooperation in a Pluralistic Society,” in *Walk as Children of Light: The Challenge of Cooperation in a Pluralistic Society*, eds. Edward J. Furton and Louise A. Mitchell (Boston: The National Catholic Bioethics Center, 2003), 169–186; and the exhaustive overview of right-of-conscience laws as of August 2001, <http://www.matercare.org/Healthcare.html>.

¹¹See the brief story on the National Right to Life Committee’s web page, <http://www.nrlc.org/Federal/LegUpdates/CongessUpdate02703.html>. Pope John Paul II has written in *Evangelium vitae*, n. 74, that refusal “to take part in committing an injustice is not only a moral duty; it is also a basic human right ... which ... should be acknowledged and protected by civil law.” “In this sense,” the pope continues, “the opportunity to refuse to take part in the phases of consultation, preparation, and execution of these acts against life should be guaranteed to physicians, health-care personnel, and directors of hospitals, clinics, and convalescent facilities. Those who have recourse to conscientious objection must be protected not only from legal penalties but also from any negative effects on the legal, disciplinary, financial, and professional plane.”

¹²Of course, other moral issues might arise unrelated to pro-life concerns, e.g., conflicts with fellow coworkers.

Moreover, with the acute shortage of nurses today, the need to provide good health care alone would dictate that hospitals (and other health-care entities) respect the moral beliefs of their nurses. That is, it is in their best medical and financial interest to do so. Hence, as pro-life nurses use the shortage to appeal to a hospital's self-interest, they should also use it, if possible, as leverage in support of their own "right to choose"—that is, the right to absolutely refuse to assist with abortions.

But what of the situation of the nurse who conscientiously objects to abortion but is not protected by a conscience clause? What is her moral obligation with respect to assisting in abortion?¹³ As the Catholic pro-life moral theologian Germain Grisez points out, "Ordinarily, when nurses assist in any procedure they intend it to be carried out successfully." This seems obviously true. Participation in abortion would be absolutely wrong, then, if a nurse chose to assist with that goal in mind. This would happen if, in doing some action during the course of the abortion, the nurse "intended to help bring the abortion about." The same would also hold if the nurse "had some discretion about [her] contribution to the procedure and had to make one or more choices in view of the goal of getting the abortion done." This might involve, for example, the judgment, when assisting at a surgical abortion, of which implements to use in order to ensure that the abortion is accomplished. One "could not carry out such directives," Grisez comments, "without intending to effect the abortion, which nothing could ever justify."¹⁴

As a pro-life nurse, however, one would clearly never want any abortion to be performed no matter what the reason. And, as a practical matter, most nurses when they are assigned to assist at an abortion, probably have no choice about such things as the means to be used in bringing an abortion about. This is the case, Grisez notes, when one's "involvement consists in following routines (for example, in preparing the patient) or in obeying particular orders (hand me such and such an instrument, adjust the light)." This is behavior a nurse could do "without making any choice regarding abortion." Thus, a nurse could do all the things she normally does during the course of the procedure "without knowing that an abortion was taking place, except, perhaps, for the fact that the word *abortion* may be used in naming a routine ... no element of which, considered in itself, need be directed by [the nurse] toward bringing about the abortion."¹⁵ In other words, if I understand Grisez cor-

¹³Here, I closely follow the insightful treatment found in Grisez, *Difficult Moral Questions*, question 79, "Must a Nurse Give Up Her Hospital Job to Avoid Assisting at Abortions?" 355–360. Grisez notes that, "Some faithful Catholic moralists—ones who did not dissent from any teaching of the Church—held that in such a case a nurse's assisting in abortion could be morally acceptable material cooperation. It seems to me that if recent teachings were meant to exclude that opinion, they would have done so more clearly." *Ibid.*, 357. On page 357, in note 260, Grisez cites, as an example of this view, the moral theologian Gerald Kelly, S.J., *Medico-Moral Problems* (St. Louis: The Catholic Health Association, 1958), 332–335. See also Grisez, *Difficult Moral Questions*, 356, and question 88, "Should a Head Nurse Cooperate with Her Hospital's United Way Campaign?" 402–405.

¹⁴*Ibid.*, 357.

¹⁵*Ibid.*, 357–358. On the important distinction between intention and the acceptance of side effects, see *ibid.*, appendix 1, "Human Acts and Moral Judgments," 854–856.

rectly, these are all things that could be done by a will-less, mindless robot that had no choice in the matter but could do only what it was programmed to do. “Under these conditions,” Grisez concludes, “even if the abortion could not be done without [one] doing [one’s] duties as a nurse, in performing them [he or she] need only accept, and in no way intend, the bad use of [his or her] services, which remain good in themselves.”¹⁶

Yet, Grisez rightly argues, “even such limited involvement in abortion often is wrong.” This is the case he says “when it is likely to lead one into a wrong intention or choice, when it is likely to scandalize others [i.e., lead them into sin], when it is unfair to the baby who will be killed, or when it impairs the witness one should give to the truth about abortion.”¹⁷ This is quite a list of showing how assisting at an abortion can become wrong or is usually wrong! Thus, although a nurse might not intend that any abortion take place while assisting at one, his or her involvement with an abortion can be wrong on other grounds, that is, for other reasons, and most often is. Let us take these four reasons one by one, beginning with a wrong intention or choice.

1) *A wrong intention or choice of abortion.* One way this could happen, Grisez states, would be when a nurse’s limited involvement in abortion led him or her to regard abortion as somehow desirable (e.g., it supports “reproductive freedom” or it helps one make a living by working at an abortion clinic).¹⁸ A pro-life nurse’s involvement with assisting in abortions, however, is not likely to lead him or her to intend them this way. After all, the pro-life nurse is, by definition, against abortion! (One could well imagine, however, a scenario where a pro-life nurse is reluctantly working at an abortion clinic, and, although she intends to end her employment there as soon as she can find another job, she gradually begins to sympathize with the women patients and the clinic’s abortion ideology.)

2) *Scandal.* A nurse’s involvement might lead others to act immorally by having an abortion, if it seemed to suggest approval of abortion. In theological language, it might “scandalize” others, that is, lead them to commit the sin of abortion.

That would be so if the nurse’s involvement included behavior that contributed with physical directness to bringing about the abortion, for instance, if he or she switched on the suction machine or administered the abortion pill. However, what nurses do in preparing abortion patients, assisting in surgery, and providing aftercare need not manifest approval. Moreover, women who seek abortion, physicians who do it, and others involved who intend it generally have made their choices before nurses start to carry out their duties.¹⁹

¹⁶Ibid, 358.

¹⁷Ibid.

¹⁸See *ibid.* See also Smith, “Individual and Corporate Cooperation,” 134, which gives the latter in the text as an example of “immediate material cooperation,” i.e., because the moral object of the act of the cooperator is indistinguishable from that of the principal agent (= “implicit formal cooperation”). This kind of cooperation is morally wrong behavior when the principal agent’s act is intrinsically evil, as it is in this example.

¹⁹Grisez, *Difficult Moral Questions*, 358.

Of course, one would want to know the extent of the person's freedom, or true informed consent, concerning the choice to have an abortion, given the desire of those who support abortion rights to keep women ignorant about the medical details of the procedure and given the general public's lack of accurate knowledge about the same.

"Still," Grisez thinks, "a real and important possibility of scandal remains in the case of women who are ambivalent about getting an abortion"—which, even in our permissive age, probably includes a great many women. It might be difficult to know who these patients are. So, the sight of nurses going about "their routine duties just as if they were participating in health care rather than homicide could provide them with reassurance that there is nothing exceptionable about abortion."²⁰ Hence, one should not presuppose that these kinds of ambivalent women are skilled in the finer distinctions of the principles of cooperation! Nor should we presuppose, for that matter, that the average nurse is so skilled, even if he or she is pro-life. In order to prevent scandal, a nurse who reluctantly helps with an abortion would have to clearly articulate his or her position every time "to each patient and anyone else involved who seems to assume or desire their approval, encouragement, and/or psychological support."²¹ But, Grisez adds, this is likely to get one fired on the grounds that it violates patient-care standards. Moreover, as a practical matter, it would seem to be difficult to carry out such a policy in a consistent way.

3) *Unfairness to the baby killed*. Assisting at an abortion "would be unfair to the baby being killed" in the following three ways: 1) "if the nurse's refusal to be involved would not merely briefly delay the abortion but prevent it and save the baby's life"; 2) if the nurse offers no resistance—which he or she is morally required to do—to assisting with the abortion; and 3) if a nurse "could avoid it without making a significant sacrifice," for example, by having to lose his or her job.²²

4) *An impaired witness*. A nurse's witness to the truth of abortion's evil is impaired if his or her involvement "prevents communicating that truth credibly." A pro-life nurse could "take advantage of [his or her] reluctance to assist at abortions [in order] to give credible witness" to the pro-life position.²³ As we will see, this witness is becoming ever more necessary for nurses who work in a culture of death, where they are being coerced into using their gifts of healing for the purpose of killing.

Practical Suggestions for Nurses

My suggestions here (at least the first two) are primarily directed to those not protected by a conscience clause. First, if a pro-life nurse is coming fresh into a new job at a hospital that performs abortions, he or she should immediately write a letter to the hospital administrator, with copies to the physicians who perform abortions,

²⁰Ibid.

²¹Ibid.

²²Ibid., 358–359.

²³Ibid., 359.

stating that he or she will not be able, in conscience, to assist in abortions. (This preemptive act might well get one labeled a “troublemaker”!) If one has already been employed in a hospital that performs abortions and pressures or forces one to assist, one should write a similar letter

stating that from now on you will assist when assigned, but under protest and only because of the administrator’s ultimatum; and that you regard the ultimatum as unjust inasmuch as it requires you to assist in killing babies—not only a great injustice to them but a betrayal of the commitment of every health-care professional.²⁴

For a hospital administrator to retaliate against a nurse for writing a letter of protest would be risky in the sense that it would be seen as manifestly unjust even to those who would normally not see the wrongfulness of forcing a pro-life nurse to assist at abortions. It would also expose the administrator to the legal risk of being sued by the former employee.

Second, a pro-life nurse having real moral qualms about assisting in abortions should also try to convince other pro-life nurses in the hospital, if there are any, that assisting in abortions if they are currently doing so should be an ethical problem for them too and that they should join in a concerted protest. If these other nurses with pro-life sympathies do not join in the original pro-life nurse’s protest, it will be extremely difficult for him or her “to bear witness to the truth about [the evil of] abortion without giving up [his or her] job at the hospital.” If a pro-life nurse does get the support of his or her fellow nurses, then, they could draft “a common policy about what to say to a woman as one of [the nurses] prepares her for an abortion or provides aftercare.”²⁵

Grisez suggests that, beforehand, absolutely no encouragement be given to a woman to proceed with the abortion. He also suggests that a nurse offer information to the woman about abortion and its destructive impact on the unborn child and the patient herself.²⁶ Also, for women who appear reluctant to have the abortion, they should be informed that they can still change their minds and be supported. “Afterwards,” Grisez argues,

no assurance should be given that everything bad about the abortion is past; and, if a woman expresses any remorse, she should be encouraged to repent and assured that divine forgiveness is available. A nurse who has listened sympathetically to the motives and regrets of a woman who has rid herself of her baby

²⁴Ibid. Grisez says, however, that if the nurse thinks “being discharged from [her] present job would prejudice future employment ... [he or she] might judge the risk of protesting excessive, even if in itself not great.”

²⁵Ibid. Smith, in “Individual and Corporate Cooperation,” 134, identifies the aftercare or work of the recovery room nurse who cares for all postsurgical patients, including those who may have undergone morally evil procedures, as legitimate “proximate material cooperation.” This form of routine care is not, he writes, “intrinsically evil.”

²⁶See Ian Gentles, “Women’s Health after Abortion: A Fresh Look at the Evidence,” *Human Life Review* 28.4 (Fall 2002): 87–96, for a brief overview of the numerous evidence which documents the psychological and physical harm that abortion causes women.

often will have an opportunity to suggest tactfully that she seek the spiritual healing she needs.²⁷

Third, a pro-life nurse should also enlist the help of other concerned health-care workers and pro-life citizens, and do all that he or she reasonably can to get the state legislature and, if possible, the U.S. Congress to act on the matter, for example, by writing letters and lobbying congressmen or senators to pass, say, the kind of conscience-clause legislation embodied in the *Abortion Non-Discrimination Act*. Even if one's efforts ultimately fail, Grisez notes, one "will call many people's attention to the injustice both of abortion and of pressuring people to be involved in it. That will encourage resistance and probably save at least some babies' lives."²⁸ This is no insignificant accomplishment—and as Blessed Mother Teresa used to say, we are called to be faithful, not successful.

Fourth, a pro-life nurse could do what a nurse acquaintance of mine does before she accepts employment at a new hospital: she makes sure that her own employment contract includes a provision which stipulates that she will not be asked to perform anything that is contrary to her strongly held moral or religious beliefs. This includes abortion. As far as I know, this strategy has worked out rather well for her, and she has not met with any resistance to it.

Fifth, a pro-life nurse who is also a Christian, will want to pray for the strength and perseverance both to be a persuasive witness to the truth about the evil of abortion and to be willing to sacrifice important goods if this be what it takes to witness effectively. Pro-life groups such as Michigan Nurses for Life go a long way towards providing this necessary support and education for nurses. But, we must admit, God's help is surely also needed and appreciated!

Towards an Intensified Pro-Life Witness

In sum, a pro-life nurse would most likely not intend the abortion or choose to do anything intrinsically evil in assisting at an abortion; but, because of what he or she would be gravely obligated to do in order to avoid scandal and bear witness to the truth of the immorality of abortion, the pro-life nurse would most likely be dismissed from his or her job (especially if the other nurses offer no protest and/or there is no law to protect them). Unless one does everything possible to avoid these things, "assisting in abortions might well be unfair to the babies who will be killed."²⁹

Each nurse in this situation must conscientiously decide whether he or she "can entirely avoid sinful intentions and choices, take the steps necessary to both prevent scandal and bear witness to the truth, and assist in killing unborn babies

²⁷Grisez, *Difficult Moral Questions*, 359.

²⁸*Ibid.*, 360. Grisez points out (360 note 261) that "in many places nurses enjoy a right to refuse to participate in abortion, either under a state law or under a federal statute that protects all health-care personnel whose employers receive moneys under certain federal programs: 42 U.S.C. 300 A-7. Therefore, any nurse pressed to participate in abortion should ascertain whether such a legal right exists where he or she works and, if it does, should take appropriate steps to exercise it."

²⁹*Ibid.*

without violating the Golden Rule.”³⁰ Thus, a pro-life nurse not protected by a conscience clause should seek employment elsewhere—especially if he or she can—unless of course one can secure the cooperation of the other pro-life nurses to proceed as outlined earlier and if this cooperation is effective in bearing fruit at one’s present job.

Is this all we can say about the matter of nurses’ cooperation in assisting at abortions? I do not believe so. Despite both the soundness of the principles of cooperation and the highly restricted nature of a nurse’s assistance in abortion, and even though his or her cooperation usually is immoral, as I have emphatically affirmed, there still remains something deeply unsatisfying about this analysis. That is, there still seems to be something morally amiss in the very thought of a pro-life nurse assisting at an abortion.

Therefore, I would want to add that it is time for all pro-life persons, especially health-care professionals, to unite, in the words of Fr. Frank Pavone, in a “*strong and pure witness* of noncooperation”³¹ with abortion and other immoral medical “services.” As Barbara J. White, R.N., has written so eloquently, in speaking of the vocation of Christian health-care professionals (but her words apply equally well to any nurse faithful to his or her healing profession): “God has placed us in health-care positions for just such a time as this to be a moral conscience, to speak the truth, and to make a life-affirming impact on our culture. We are called to moral leadership.”³²

The moral judgment given above concerning nurses assisting at abortions, although true, is in some ways, I believe, dependent on an analysis of assisting at abortions in a day and age when abortion was illegal and considered morally repugnant by society. In our culture of death, which has had legalized abortion for thirty years and often coerced health-care professionals and religious institutions into doing things contrary to their consciences, there now exists an ever more urgent need to approach this problem from the standpoint of peacefully opposing and even resisting such unjust laws and practices. The pro-life movement has been doing this, but we need to do even more of it, and on all the life issues, especially those raised by the “brave new world.”

So, in order to have and maintain a common moral witness against the culture of death, nurses should do all that is in their power to refuse to take part in assisting at abortions. Only under the most serious conditions, therefore, do I think that nurses should involve themselves in cooperating, when coerced, with abortion. From now on, the burden of proof, as it were, should rest heavily on those pro-life individuals who would want to justify their assistance (and assistance only) at an abortion.

In order to determine whether or not one’s cooperation is morally justified, one possible, though admittedly not infallible, test, where the procedure takes a human life unjustly, is to ask, the British bioethicist Helen Watt argues, “what we would do

³⁰Ibid.

³¹Fr. Frank Pavone, “Conscientious Objection,” original emphasis, <http://www.priestsforlife.org/columns/columns2002/02-04-08conscientiousobjection.htm>.

³²White, “A Call to Moral Leadership,” 181.

if it were our own lives at stake, or the lives of those we love.” She writes: “Passing an instrument to someone I know is going to use it to kill me or someone in my family is something I might be prepared to do at gunpoint, but not to avoid losing my job.” If this is so, she asks, “should I be prepared to pass an instrument which will be used to kill an unborn child, simply to avoid losing my job?”³³

This courageous, indeed, radical effort of noncooperation in abortion will constitute one more welcome step by nurses in building the culture of life that we all so passionately desire to bring about in our lifetimes. Moreover, I would think that most pro-life nurses are already (and have been) doing this heroic witnessing for some time.

Whatever our backgrounds or areas of expertise are, let all of us work diligently together to ensure, among other things, that nurses and other health-care providers are exempt on grounds of conscience from having to perform abortion, as well as refer for, prescribe, or otherwise cooperate in abortion. Yet while we work together, it is really the health-care professionals who are “uniquely equipped” for engaging in this kind of work, given their knowledge, experience, influence, and the respect they are accorded.³⁴ Accomplishing this work will make our witness on behalf of the culture of life all the more effective now and in the future. It will also save many babies and mothers—which is the ultimate goal of the pro-life movement!

³³Helen Watt, *Life and Death in Healthcare Ethics: A Short Introduction* (London: Routledge, 2000), 70. In a footnote, she agrees that while “this could, in theory constitute very close material cooperation, in normal circumstances it is almost certain to constitute formal cooperation, as a matter of psychological probability,” 83 note 2.

³⁴I take these four attributes of health-care professionals from David L. Stevens, M.D., “Medicine and the Challenge of Change,” in Cameron et al., *BioEngagement*, 169–180. See 171–174 for the discussion. Stevens also offers a “strategy” to win what he calls the “ethical wars,” 177–180. Interestingly, he makes the observation that for doctors and nurses, “Time constraints are a significant inhibitor to caregivers making a difference in the ethical wars,” 176 note 6.