

Objective Reasons for Conscientious Objection in Health Care

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Abstract. Conscientious objection in the health care field—that is, refusal on the part of a medical professional to perform or cooperate in a procedure when it violates his or her conscience—is a growing concern for international legislators and a source of contentious debates among ethicists and the general public. Recognizing a general right to conscientious objection based on individual liberty, and thus a subjective right, could have negative consequences. Conscientious objection in health care settings should be fully protected, however, when the objection is based on principles that are fundamental to the medical profession and the legal system. Examples from Italy and other nations show how protections there safeguard conscientious objection when a health professional objects to taking a human life. *National Catholic Bioethics Quarterly* 12.4 (Winter 2012): 611–620.

Conscientious objection in the health care field—that is, refusal on the part of a medical professional to perform or cooperate in a procedure when it violates his or her conscience—is a growing practical concern for legislators internationally and a

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source of contentious debates among ethicists and the general public.¹ Culturally, the inability of people to make judgments grounded in objective truth can be understood as a global crisis of conscience.²

Fortunately, concern for the defense of the rights of conscience remains strong. More than three hundred thousand communications were received by the US Department of Health and Human Services during the sixty-day public comment period in 2011 when the Obama administration modified and weakened the George W. Bush administration's 2008 rule "Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law."³

What constitutes an acceptable basis for conscientious objection by health care workers can be controversial and therefore requires some justification. Using examples from international sources, we argue that those who invoke conscientious objection should be guaranteed protection from sanctions when the objection can be shown to be based on principles and values that are fundamental to the medical profession and the legal system.⁴ This criterion has the advantage of addressing the fears that health care workers could cause serious disruptions to basic medical service provision if all appeals to rights of conscientious objection are fully protected by law.⁵ Furthermore, it lessens the risk that health care personnel will refuse to perform demanding or unpleasant duties without truly having a serious problem of conscience.⁶

¹ R. Alta Charo, "The Celestial Fire of Conscience: Refusing to Deliver Medical Care," *New England Journal of Medicine* 352.24 (June 16, 2005): 2471–2473; and Mark R. Wicclair, "Is Conscientious Objection Incompatible with a Physician's Professional Obligations?" *Theoretical Medicine and Bioethics* 29.3 (June 2008): 171–185.

² John Haas, "Crisis of Conscience and Culture," in *Crisis of Conscience: Philosophers and Theologians Analyze Our Growing Inability to Discern Right from Wrong*, ed. John Haas (New York: Crossroad, 1996), 21–49.

³ U.S. Department of Health and Human Services (HHS), "Regulation for the Enforcement of Federal Health Care Provider Conscience Protection Laws," 76 Fed. Reg. 9968 (February 23, 2011), <http://edocket.access.gpo.gov/2011/pdf/2011-3993.pdf>.

⁴ Richard Myers accurately predicted in 2001 that conscience and religious liberty issues would be a growing problem in the United States. His proposed "federal conscience clause" would indeed protect the consciences of health care workers and others, since all appeals to conscience would be automatically covered. Necessary protection for conscience rights can be achieved, however, without such an unlimited approach. See Richard S. Myers, "On the Need for a Federal Conscience Clause," *National Catholic Bioethics Quarterly* 1.1 (Spring 2001): 23–26. Nikolas Nikas advocates for the broadest possible rights-of-conscience law. Nikas himself noted that this approach has the disadvantage of allowing conscience to be used in destructive ways, as in a refusal to provide treatment to patients under "futile care" theory ("Law and Public Policy to Protect Health Care Rights of Conscience," *National Catholic Bioethics Quarterly* 4.1 [Spring 2004]: 46 note 12). Our proposal envisions more limited conscience protections that are less likely to be abused and should be easier to enact.

⁵ Rebecca J. Cook and Bernard M. Dickens, "The Growing Abuse of Conscientious Objection," *Virtual Mentor* 8.5 (May 2006): 337–340.

⁶ Christopher Myers and Robert D. Woods, "Conscientious Objection? Yes, But Make Sure It Is Genuine," *American Journal of Bioethics* 7.6 (June 2007): 19–20.

Why Is Conscientious Objection in Medicine an Increasingly Contentious Issue?

Before the twentieth century, it was rare for medical practitioners to seek protection for rights of conscience. The legalization of abortion in many countries in the last few decades and, more recently, of euthanasia and physician-assisted suicide created ethical conflicts for many health care professionals. Since the latter half of the twentieth century, new technologies and scientific discoveries have made possible a rapidly increasing number of biomedical interventions at every stage of human life, ranging from assisted fertilization and conception to assisted ventilation and sophisticated palliative care for the dying. These interventions raise more and more ethical questions for health care personnel.⁷ The demands on conscience are especially acute in the practice of medicine, where it has been generally accepted that the preservation of human life is the core value of the profession.⁸

A wide range of positions for and against medical conscientious objection are reported in the academic literature.⁹ One of the strongest statements against conscientious objection comes from Julian Savulescu: “A doctor’s conscience has little place in the delivery of modern medical care. . . . If people are not prepared to offer legally permitted, efficient, and beneficial care to a patient because it conflicts with their values, they should not be doctors.”¹⁰ Mark Wicclair, in contrast, denies claims that conscientious objection is incompatible in principle with the medical profession.¹¹ In practice, most countries permit some form of conscientious objection in health care.¹²

Substantial changes in the physician–patient relationship in the last few decades also have a bearing on the acceptability of conscientious objection by medical personnel.¹³ The traditional physician–patient relationship was based on the doctor’s authority and the patient’s obedience. This was often expressed as a kind of

⁷ Vincenzo Turchi, “Nuove forme di obiezione di coscienza,” *Stato, chiese e pluralismo confessionale* (October 2010), http://www.statoechiese.it/images/stories/2010.10/turchi_nuove.pdf.

⁸ Piers Benn, “Conscience and Health Care Ethics,” in *Principles of Health Care Ethics*, 2nd ed., ed. Richard E. Ashcroft et al. (Hoboken, NJ: Wiley, 2007), 345–350.

⁹ Julian Savulescu, “Conscientious Objection in Medicine,” *British Medical Journal* 332.7536 (February 4, 2006): 294–297; John K. Davis, “Conscientious Refusal and a Doctor’s Right to Quit,” *Journal of Medicine and Philosophy* 29.1 (2004): 75–91; Wicclair, “Is Conscientious Objection Incompatible?”; and Thomas May and Mark P. Aulisio, “Personal Morality and Professional Obligations: Right of Conscience and Informed Consent,” *Perspectives in Biology and Medicine* 52.1 (Winter 2009): 30–38.

¹⁰ Savulescu, “Conscientious Objection,” 294.

¹¹ Wicclair, “Is Conscientious Objection Incompatible?”

¹² An isolated case is Sweden, where the right to conscientious objection for medical personnel is systematically denied. Swedish governments have actively resisted resolutions in favor of conscientious objection in the health care field from international bodies such as the Parliamentary Assembly of the Council of Europe.

¹³ Antonella Surbone, Claudio Ritossa, and Antonio G. Spagnolo. “Evolution of Truth-Telling Attitudes and Practices in Italy,” *Critical Reviews in Oncology/Hematology* 52.3 (December 2004): 165–172.

“paternalism” in which the doctor made all treatment decisions alone. In a reaction against this, the contemporary tendency is to base the physician–patient relationship on the patient’s autonomy. An almost exclusive emphasis on self-determination for patients, however, means that doctors and other health care personnel risk becoming nothing more than passive, demoralized, and legally bound executors of the patient’s will. Recognizing this problem, some medical ethicists have suggested that allowing conscience-based refusals would improve the overall quality of medical care and the physician–patient relationship.¹⁴

If a patient’s self-determination is a paramount value, the same protection must be granted to doctors and to other health care workers. The analysis is complicated, however, by the fact that health care personnel have professional obligations that go beyond those of ordinary individuals; these obligations stem principally from the fact that in most countries they have a monopoly over the provision of certain services and products, which clearly makes them gatekeepers.¹⁵ Nevertheless, an optimal physician–patient relationship must include respect for the consciences and values of both parties.

Among the most important elements to consider in cases of conscientious objection in health care are deontological codes and legal statutes.¹⁶ We will discuss each in turn.

Professional Codes of Ethics and Conscientious Objection

Behaving according to one’s own science and one’s own conscience is an accepted responsibility of members of the medical profession.¹⁷ The actions of health care workers are guided by codes of professional ethics. For example, the physician’s oath adopted by the 1948 General Assembly of the World Medical Association in Geneva includes the words “I will practise my profession with conscience and dignity.”¹⁸ The 2006 Code of Medical Conduct of the Italian Medical Associa-

¹⁴ Douglas White and Baruch Brody argue convincingly that patient care suffers when physicians experience emotional and moral distress in the workplace and that denying physicians the right to conscientious objection leads to distress and negative consequences for patients. “Would Accommodating Some Conscientious Objections by Physicians Promote Quality in Medical Care?” *Journal of the American Medical Association* 305.17 (May 4, 2011): 1804–1805.

¹⁵ Julie D. Cantor, “Conscientious Objection Gone Awry: Restoring Selfless Professionalism in Medicine,” *New England Journal of Medicine* 360.15 (April 9, 2009): 1484–1485; and Davis, “Conscientious Refusal.”

¹⁶ Deontological codes are the governing codes of ethics adopted by professional associations, such as those of medical doctors and lawyers. The expression is most widely used in Europe and Latin America.

¹⁷ Gabriella Gambino and Antonio G. Spagnolo, “Ethical and Juridical Foundations of Conscientious Objection for Health Care Workers,” *Medicinska etika and bioetika* 9.1–2 (Spring–Summer 2002): 3–5.

¹⁸ World Medical Association, Declaration of Geneva, September 1948, with amendments, <http://www.wma.net/en/30publications/10policies/g1/>.

tion strongly reiterates the physician's rights of conscience: "The physician who is requested to perform an intervention which is at odds with his conscience or with his clinical principles can refuse to participate in it unless that refusal causes serious and immediate injury to the patient's health. The physician must also provide the citizen with all useful information and clarifications."¹⁹

Conscience is given wide scope in this professional code of ethics. In Italy, this principle has been applied to all professionals working in health care, including medical doctors, nurses, midwives, and pharmacists, and has not been found to violate the law. This reflects the high value that Italian society continues to place on the personal ethical responsibility of health personnel. Professional associations of health workers often defend the right of their members not to be forced to carry out interventions that are contrary to their moral beliefs.

The 2009 Italian Nurses' Deontological Code also touches on rights of conscience: "In the event of a persistent request for an action that goes against the ethical principles of the professional or personal values, nurses may avail themselves of the clause of conscience, to ensure the patient's safety and life."²⁰ The 2007 Italian Deontological Code for Pharmacists similarly states that pharmacists "must work with full autonomy and professional conscientiousness in accordance with ethical principles, and always keeping in mind the patient's rights and respect for life."²¹

Professional health care norms specify the obligations of health care workers.²² If workers violate these norms, they may be disciplined by regulatory agencies or by their professional association, depending on legal regulations. Most professional codes specify the duties and rights, including the conscience rights, of their members; if instead a code of ethics endorses the violation of conscience rights, every effort must be made to change it. A more common and more dangerous attack on rights of conscience often comes from laws or regulations, however, which generally impose greater sanctions than professional codes of ethics.

¹⁹ Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri, *Codice di deontologia medica*, December 16, 2006, art. 22, translated by the author; see <http://portale.fnomceo.it/fnomceo/downloadFile.dwn?id=60474&version=0>: "Il medico al quale vengano richieste prestazioni che contrastino con la sua coscienza o con il suo convincimento clinico, può rifiutare la propria opera, a meno che questo comportamento non sia di grave e immediato nocumento per la salute della persona assistita e deve fornire al cittadino ogni utile informazione e chiarimento."

²⁰ Federazione Nazionale Collegi Infermieri, *Nurses' Deontological Code*, January 10, 2009, art. 8, trans. Federazione, <http://www.ipasvi.it/static/english/the-nurses-deontological-code-2009.htm>.

²¹ Federazione Ordini Farmacisti Italiani, *Codice deontologico del farmacista*, June 19, 2007, art. 3, http://www.fofi.it/ordinecb/allegati_professione/documento112070.pdf, translated by the author (JM).

²² Edmund D. Pellegrino and David C. Thomasma, *A Philosophical Basis of Medical Practice: Toward a Philosophy and Ethic of the Healing Professions* (New York: Oxford University Press, 1981).

Legal Grounds for Conscientious Objection

As a general rule, the right to freedom of conscience is recognized by law at the international, regional and national levels. The best known examples are article 18 of the 1948 Universal Declaration of Human Rights and article 18 of the 1966 International Covenant on Civil and Political Rights; both state unequivocally that everyone shall have “the right to freedom of thought, conscience and religion.”²³ Article 9 of the 1950 Convention for the Protection of Human Rights and Fundamental Freedoms and article 10 of the Charter of Fundamental Rights of the European Union also recognize freedom of conscience.²⁴

The phrase “freedom of conscience” does not appear in the Italian Constitution, but its implicit presence is generally accepted, especially in article 2, which recognizes and guarantees “inviolable human rights.” Also relevant to the right to conscientious objection are articles 3, 7, 8, 19, and 20, which cover freedom of religion and equal treatment, and article 21, which guarantees freedom of expression and thought.²⁵ In 1991, the Italian Constitutional Court determined that the national constitution grants the right to conscientious objection. Ultimately, according to the court, “the individual conscience enjoys constitutional protection as an important constitutional principle that makes possible the reality of fundamental human freedoms belonging to the realm of the virtual expression of the inviolable rights of the individual in social life.”²⁶ This is a general principle that enjoys constitutional protection, although in this case it was applied to conscientious objection to military service.

Many countries grant conscience rights constitutional protection. The 1991 Constitution of the Republic of Slovenia enumerates a right of conscientious objection: “Conscientious objection shall be permissible in cases provided by law where this does not limit the rights and freedoms of others.”²⁷ The German Constitution as amended in 1990 also recognizes conscience rights: “(1) Freedom of faith and of conscience, and freedom of creed religious or ideological, are inviolable. (2) The undisturbed practice of religion is guaranteed. (3) No one may be compelled against

²³ UN General Assembly, Universal Declaration of Human Rights, December 10, 1948, 217-A-III, <http://www.un.org/en/documents/udhr/index.shtml#a18>. UN General Assembly, International Covenant on Civil and Political Rights, December 16, 1966, UN Treaty Series 999.171, http://treaties.un.org/doc/Treaties/1976/03/19760323%2006-17%20AM/Ch_IV_04.pdf.

²⁴ Council of Europe, Convention for the Protection of Human Rights and Fundamental Freedoms, as amended by Protocols Nos. 11 and 14, November 4, 1950, Council of Europe Treaty Series no. 5, <http://conventions.coe.int/treaty/en/treaties/html/005.htm>; European Union, Charter of Fundamental Rights of the European Union (2010), <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0389:0403:en:PDF>.

²⁵ Constitution of the Italian Republic, December 27, 1947, http://www.senato.it/documenti/repository/istituzione/costituzione_inglese.pdf.

²⁶ Italian Constitutional Court, decision 467/1991, translated by the author (JM).

²⁷ Constitution of the Republic of Slovenia, 1991, art. 46, “Right to Conscientious Objection,” <http://unpan1.un.org/intradoc/groups/public/documents/UNTC/UNPAN014895.pdf>.

his conscience to render war service as an armed combatant.”²⁸ These articles of the German Constitution have been interpreted by the German Federal Constitutional Court as guaranteeing the rights of those who refuse to perform military service or to participate in performing abortions for reasons of conscience.

Other nations have included conscience clauses in specific laws, particularly those permitting abortion. In Italy, law 194 of 1978 legalizes abortion, but article 9 of that law recognizes a broad right to conscientious objection for health care workers, even if there is disagreement concerning the exact extent of this right and who benefits from it.²⁹ In Israel, the 1977 Interruption of Pregnancy Law states, “Where approval under this Law has been given, a gynaecologist shall not for this reason be required to interrupt the pregnancy if such is contrary to his conscience or medical judgment.”³⁰ Austria’s federal law states that “no one may be in any way disadvantaged because he or she has performed a justified abortion, or taken part in it, or because he or she has refused to perform or take part in such an abortion.”³¹

In discussions of human rights, conscientious objection is often linked to freedom of religion and freedom of conscience.³² Doctors and other health workers obviously do not lose the right to exercise their freedom of religion and conscience simply because of their choice of profession, but it is also clear that health personnel have professional obligations that go beyond those of ordinary individuals. This is why when conflicts arise between the religious beliefs and consciences of health workers and what they are required to do professionally, it is useful not to rely solely on the recognized rights of freedom of religion and of conscience but to invoke fundamental philosophical and legal principles as the basis for conscientious objection.³³

²⁸ Basic Law for the Federal Republic of Germany, May 8, 1949, art. 4, “Freedom of Faith, of Conscience and of Creed,” trans. Christian Tomuschat and David P. Currie, <https://www.btg-bestellservice.de/pdf/80201000.pdf>.

²⁹ An examination of different cases with interpretative answers can be found in Maria L. Di Pietro, Carlo Casini, and Marina Casini, *Obiezione di coscienza in sanità: Vademecum* (Siena: Cantagalli, 2009).

³⁰ Knesset of the State of Israel, Criminal Law Amendment (Interruption of Pregnancy), January 31, 1977, <http://www.hsph.harvard.edu/population/abortion/ISRAEL.abo.htm>.

³¹ Parliament of the Republic of Austria, Federal Law No. 60 of January 23, 1974, <http://www.hsph.harvard.edu/population/abortion/Austria.abo.htm>.

³² Christian Medical Fellowship, *The Doctor’s Conscience*, CMF file 39 (2009), <http://www.cmf.org.uk/publications/content.asp?context=article&id=25406>.

³³ Vincenzo Turchi, *I nuovi volti di antigone: Le obiezioni di coscienza nell’esperienza giuridica contemporanea* (Naples: Edizioni Scientifiche Italiane, 2009); Francesco D’Agostino, “L’obiezione di coscienza come diritto,” *Iustitia* 62.2 (2009): 177–182; Francesco Viola, “L’obiezione di coscienza come diritto,” *Persona y derecho* 61.2 (July–December 2009): 53–71; Rinaldo Bertolino, *L’obiezione di coscienza moderna: Per una fondazione costituzionale del diritto di obiezione* (Turin: Giappichelli, 1994); Giovanni di Cosimo, *Coscienza e costituzione. I limiti del diritto di fronte ai convincimenti interiori della persona* (Milan: Giuffrè, 2000); Andrea Pugiotto, “Obiezione di coscienza (diritto costituzionale),” in *Digesto delle discipline pubblicistiche*, vol. 10 (Turin: Utet, 1995), 240–261; and Sergio Lariccia and Andrea Tardiola, “Obiezione di coscienza,” in *Enciclopedia del diritto*, vol. 3 (Milan: Giuffrè, 1999), 815–830.

The Ethical–Legal Theoretical Basis for Conscientious Objection

Legal recognition of conscientious objection requires (a) the existence of a norm imposing requirements, and (b) the existence of a second norm that, under certain specific formal conditions, allows someone not to fulfill the obligations imposed by the first norm. Some laws thus provide for the possibility of conscientious objection if health care professionals are required to comply with an obligation under the law that they are convinced in conscience is unjust and that therefore violates an ethical value considered more binding than the legal obligation.

Certainly one could argue that since every health worker has a subjective idea of what is right and what is unjust, then unregulated respect for individual conscience rights could lead to chaos in the health care sector. The answer to this objection, however, is that a legal system does not respect all opinions regarding an unjust legal obligation or all ethical problems relating to it. In fact, conscientious objection is only rarely legally recognized. This is positive insofar as it prevents the chaos that could result from an unrestricted right to conscientious objection for any reason, but it also means that legal and professional protections may be unfairly denied to those who have an objective right and even a moral duty to refuse to collaborate in certain procedures.

What, therefore, should be the criterion for judging whether a certain ethical judgment is worthy of being safeguarded? What is the rationale for creating a legal exception that allows disobedience of a law? The key is that disobedience of the law must be governed by an objectively important basic value that is recognized in natural law or in the traditional foundations of a society and not merely by subjective individual judgment. If the value on which the objection is based is also fundamental to the legislation that created the obligation, it provides further legal justification for conscientious objection.

In general, a legal system has no special regard for the private opinions of individuals and requires them to obey even laws they consider unjust. The reason for binding everyone to obey laws is known as the principle of legality and is easily explained by the need to achieve an orderly and peaceful society. All persons are required to contribute to the common good by obeying the laws, which is referred to as the principle of solidarity. In other words, the organizing principle on which laws are founded is assurance of the common good and the good of individuals. This is true despite poorly crafted laws, miscarriages of justice, and a lack of unanimity regarding the justice of some laws. The challenge posed by conscientious objection to the legal system is to find ways to prevent injustices without damaging the principle of legality.

The practice of conscientious objection should not be interpreted simply as an expression of individual liberty and thus a subjective right.³⁴ Conscientious objection is much less likely to lead to abuses if it is based on principles closely tied to

³⁴ In this case, it would refer mainly to the right to individual autonomy.

the very foundations of the legal system.³⁵ If it is not based on objective criteria, it could have an anarchic effect, undermining support for the state and emptying the principle of legality of its content. Legal recognition of the right to conscientious objection, then, is most easily justified if it is linked to (that is, relevant to) the very purpose of the legal system.³⁶

Since the mid- twentieth century, human-rights charters, which are referred to by almost all recently adopted national constitutions, are concerned principally with the protection and promotion of human rights and human dignity. The first aspect of human dignity is respect for the value of existence and, in legal terms, the right not to be harmed or killed. The defense of human life is therefore a foundational principle for almost all modern states and their legal systems. It follows that conscientious objection must, at the very least, be legally authorized in cases in which an individual's moral judgments make a clear reference to respect for human life, the *raison d'être* of the state itself.

When laws diverge from the deep structural basis on which modern legal systems are built—that is, the protection of life and physical integrity—they should at the very least acknowledge a genuine right to conscientious objection. This is not only an individual freedom or right, but shows respect for the collective value of defending human life. In general, legal systems allow for conscientious objection only in certain well-defined areas. These have included compulsory military service, abortion, euthanasia, and medically assisted procreation. A reason for allowing conscientious objection in these cases is that either the law does not protect the lives of certain human beings (abortion and euthanasia) or it foresees a significant risk to human life (military service and medically assisted procreation). Conscientious objection to taking human life in fact “expresses an unconditional faithfulness to some of the fundamental rights whose recognition is the source of law, and for the protection of which the legal system exists, although it makes exceptions to this protection in some cases.”³⁷

Conscientious Objection Based on Fundamental Medical Values

Conscientious objection based on respect for the right to life of human beings is an example of a properly grounded appeal to conscience that can be justified as ethically, medically, and legally sound. Since the defense of human life as an overriding medical and legal responsibility is often taken for granted rather than explicitly formulated, it is easy for those opposed to legal recognition of conscientious objection to simply ignore it in their arguments. It is therefore important to reaffirm

³⁵ Interestingly, Benn makes a similar argument from the perspective of medical codes of conduct. See “Conscience and Health Care Ethics,” 345–350.

³⁶ Maria L. Di Pietro, Carlo Casini, and Marina Casini, *Obiezione di coscienza in sanità: Nuove problematiche per l'etica e per il diritto* (Siena: Cantagalli, 2005).

³⁷ Luciano Eusebi, “L'obiezione di coscienza del professionista sanitario,” in *Trattato di biodiritto*, vol. 3, *I diritti in medicina*, ed. Sefano Rodotà and Paolo Zatti (Milan: Giuffrè, 2011), 173, translated by the author (JM).

that doctors and health care professionals who practice conscientious objection in cases where a human life will be taken, in virtue of the objective medical–legal foundation of their position, are also defending justice and the common good.

To deny or severely limit health care professionals' right to conscientious objection when it is motivated by fundamental medical and legal values will lead to ethical impoverishment of the medical profession and send the message that ethics is not important.³⁸ It will also reduce the role of health care workers to that of mere executors of the will of others. The denial of conscience rights will also, in some cases, involve doctors in interventions that go against the very goals of medicine.³⁹ In many countries today, the right to conscientious objection in health care is being questioned or denied. This involves nothing less than a challenge to the late-twentieth-century concept of universal human rights based on the principle of the equal dignity of every human being. It also flies in the face of the statutory protections established by many nations for conscientious objection in cases of medical termination of human life. In the midst of such confusion, it is salutary to reaffirm that conscientious objection to abortion, euthanasia, human embryo research, and other actions that take human lives is grounded on principles fundamental to both medicine and law.

³⁸ James W. Gerrard, "Is It Ethical for a General Practitioner to Claim a Conscientious Objection When Asked to Refer for Abortion?" *Journal of Medical Ethics* 35.10 (October 2009): 599–602; and Wicclair, "Is Conscientious Objection Incompatible?"

³⁹ As Stephen Heaney states, there are certain actions, like abortion and euthanasia, that are intrinsically opposed to the goals of health care: they do not heal but rather take human life. "Protecting Conscience in Health Care: Taking a Road Not Traveled," *National Catholic Bioethics Quarterly* 8.4 (Winter 2008): 678.