

IS CONSCIENTIOUS OBJECTION, WITH RESPECT TO TERMINATIONS, EVER MORALLY JUSTIFIED IN LOW RESOURCED STATES SUCH AS TASMANIA?

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Background:

Veracity and morality can legally be rationalised and support failing to execute one's duty to your patient. If there is a true duty of care towards a patient asking to execute their autonomous decision to terminate a pregnancy, conscientious objection is flawed and iniquitous. In situations where a clinician owes an essential and imperative duty, it should be unlawful. A physician's personal set of morals has no place in the bearing of medical care. The duty owed to patients is codified in law and delivered to patients in consonance with their informed consent and identification of the alternative treatment options. If a physician cannot offer lawfully permissible, prudent, efficient, and preferred care to their patient due to variances in a personal belief, that is unsupported by medicine, they must reconsider their vocation especially in areas, like Tasmania, that has limited resources and often cannot outsource these to another physician as geography limits access to other medical professionals.

Methods:

Literature review and analysis of services and inherent barriers faced by women and gender diverse individuals wanting termination options in resource poor North and North West Tasmania. Looking at contemporary ethical and social research papers to assess whether it ever ethically justifiable to employ conscientious objection to deny women and gender diverse individual's access to termination procedures.

Results:

By assenting to the notion of conscientious objection, the legislative body and AMA are permitting individuals their autonomous right to hold personal beliefs but in doing so are also sanctioning the curtailing of a women's right to enjoy the same rights and access legally permissible medical care.

Conclusion:

Reproductive rights are personal, private, and intensely impassioned and emotional, therefore decisions concerning these topics are often particularly arduous and trying for the women who have to make them, furthermore they are often censured and bear social and moral denunciation from the more conservative members of a community (Eyal & Gosseries, 2013, p. 114). The lack of culpability and extent afforded clinicians to conscientious object to performing terminations allows objectors to deny women, by recusing themselves from their professional and legal duties, the right to reproductive autonomy (Wicclair, 2000, p. 217). The spartan specialist services in Tasmania contribute to the restrictive services available, and the conscientious objectors in public hospitals in this state often refer patients to private surgeons that operate in religiously run private hospitals. On the rare occasion that private clinicians have operating rights

in the public hospital, the operating theatre is often so overwhelmed by critical cases and is unable to cope with and further patients. Medical specialists who receive governmental funding, as is the case of all medical officers in Launceston, must act in the public interest, not their own (Savulescu, 2006, p. 297).

Disclosure of Interest Statement:

This is a paper written in conjunction with research done with Monash University and does not represent the views of Launceston General as a hospital, or the Obstetrics department as a whole.