

Conscientious objections in end-of-life care

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Introduction

- Belgian euthanasia act came into force in 2002
- Interesting case to study relationships between culture, religion, and end-of-life care
- Flanders: cultural transformation from dominant Christian culture into post-traditional Christian, pluralist culture, characterized by ideological diversity
- Appropriateness of conscientious objections remains controversial
- How can personal ethical convictions and beliefs of individual caregivers (conscientious objections) be respected?

Argument-based literature review: methodology

- Focused questions:
 - What are the primary positions addressing conscientious objections in end-of-life care?
 - Upon what arguments are these positions based?

Argument-based literature review: methodology

- Search methods:
 - Pubmed, Embase, Cinahl, Web of Science, Philosopher's Index
 - Argument-based literature
 - Excluded: empirical studies, editorials, comments, case studies, ethics codes, position papers

Argument-based literature review: methodology

- Nonconventional compatibilists
- Conventional compatibilists
- Conventional incompatibilists

Conscientious objections: 3 categories

- Non-conventional compatibilists
 - Socio-cultural *conventions* do not serve as a valid basis to override CO
 - Right to personal objection is *compatible* with professional obligations
 - No dichotomy between personal moral obligation and professional obligation
 - Moral person is viewed holistically
 - When individual is compelled to act against his conscience, his personal identity is violated, resulting in moral distress

Conscientious objections: 3 categories

- Obligation to provide continuum of care until transfer to another caregiver
- Obligation to disclose objections to involved parties
- Religious sourced, e.g. Edmund Pellegrino

Conscientious objections: 3 categories

- Conventional compatibilists
 - Conscientious objections are *compatible* with professional obligations so long as *conventional* standards of society permit such objection
 - Willingness to disclose their positions
 - Willingness to cooperate in referral
 - Patient may not be burdened (counseling)
 - Social contract theory and individual autonomy, e.g. Dan Brock
 - Care relation as contract between 2 participants to respect their beliefs, ...

Conscientious objections: 3 categories

- Conventional incompatibilists
 - Conscientious objection is personal preference and is *incompatible* with caregiver's professional obligation to render legally accepted services according to societal *conventions*
 - Patient autonomy should be of greater importance than physician autonomy
 - Society expects that physician will not choose treatments by referring to their own personal preferences.

Conscientious objections: 3 categories

- Temporary toleration until conscientious objections are made illegal
- Secular progressive, e.g. Julian Savulescu

Discussion

- Unsolvable clash?: conscience is part of identity of whole person versus conscience is personally acquired social construct

Discussion

- Agreement:
 - Patient should be adequately informed about conscientious objection;
 - Disclosure at the beginning of care relationship;
 - Cooperation in transfer.

Discussion

- Argument contra:
 - Negative impact on patient's autonomy
- Argument pro:
 - Making CO illegal would de-motivate some people to become a physician
 - How providing good care when you should act against your conscience?

References

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