

Improper Use of Conscientious Objection in Bogotá, Colombia, Presentess a Barrier to Safe, Legal Abortion Care

A response from Grupo Médico por el Derecho a Decidir, Colombia.
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The study, “The Fetus Is my Patient, Too: Attitudes Toward Abortion and Referral Among Physician Conscientious Objectors in Bogotá, Colombia,” by Lauren Fink et al. of Emory University, recently published in *International Perspectives on Sexual and Reproductive Health*, states that health care providers who invoke conscientious objection to providing or participating in abortion care in Bogotá, Colombia, can be categorized along a spectrum of objection -extreme, moderate and partial.

Here we will argue that contrary to what the study says, those pervasive practices are not conscientious objection. This clarification is needed in respect to those who are objectors and also to the concept of conscience.

Practices such as “preventing patients from having an abortion, providing misleading legal and medical information, and refusing to refer their patients, or to object on a case-by-case basis” are exactly the kind of practices that fall into the category of barriers and unjustified denial of services not based on conscience, but on the sole fact of not agreeing with a woman’s decision and not recognizing her right to have an abortion.

Conscience¹ is a personal attribute that is present in both the denial and the provision of abortion services; Objection is not the same as obstruction, moral stress, civil disobedience, or the imposition of barriers². Conscientious objection allows refusing to provide a service that, although legal and corresponding to the technical skills of the medical profession, and individual avoids providing, based on deeply held religious or ethical beliefs. This privilege does not dismiss the ethical obligation of every health care professional not to interfere with the autonomy of

¹ Some of the ideas included in this document, are part of a debate that took place during the II Regional Seminar on Institutional Conscientious Objection hold in Bogotá in August 2016. The seminar was organized by La Mesa por la Vida y la Salud de las Mujeres, Católicas por el Derecho a Decidir y PROFAMILIA.

² Wicclair, M. Conscientious Objection in Health Care. An Ethical Analysis. Cambridge University Press. 2011

patients and to safeguard their wellbeing and to not hurt or conceal information from them. To hinder access to a necessary medical procedure violates these three principles, especially when done from a position of power deriving from the medical exercise, and far from being an exercise of conscience it becomes an imposition of beliefs.

The objector refuses because the provision of these services contradicts the very core of his/her human existence, not because of disagreeing with the law or because he/she favors the life of the fetus or believes that women's decisions are not correct. Even if he/she strongly believes this, these reasons belong to his/her intimacy and cannot be used as an argument when making medical decisions affecting the lives of her patients.

The Catholic Church has extended a mandate on objection to prevent the provision of legal abortion services. While we understand the importance of respecting religious freedom, we believe that the denial imposed as a widespread political action contradicts all the elements of conscientious objection.

Conscientious objection is a mechanism aimed at the protection of certain fundamental rights of providers (such as freedom of conscience and faith) or even a fundamental right in itself according to certain regulations. But conscientious objection must also respect the conscience of the women who request care.

From this perspective, this is inherent to conscientious objection, to be based on deep, explicit, consistent, sincere and harmless beliefs. Denials or barriers that are not subject to these criteria cannot be recognized as such. Conscientious objection aims at the protection of minorities and cannot affect the rights of third parties. It is an exception and not a generalized practice to avoid obligations. Is the right not to perform a procedure but it must never be an obstacle. When damage occurs (as in the cases mentioned by the article as non-referral, denying or providing misleading of information), is it NOT conscientious objection. It is denial of services without reasons of conscience, "defection" of medical duty³.

³ Marcelo Alegre, II Regional Seminar on Conscientious Objectors. Bogotá, 2016

Illegitimate use of "conscientious objection" is punishable, constitutes misuse of public resources and carries civil, administrative and ethical⁴ responsibilities.

In a recent survey carried out in Colombia by Grupo Médico por el Derecho a Decidir and the Federation of Societies of Obstetrics and Gynecology more than half of the obstetricians believe that abortion in Colombia should be more restrictive, reflecting the attitudes of an important sector of the population on this issue. In general, those who consider themselves objectors were found to provide information and refer users to a provider that can meet their need. This demonstrates that a true objector does not hinder services.

The survey reveals that only 47% performs abortions but conscientious objection is the determinant factor for not providing for only 25%, while almost 30% refuse to provide the service because they don't agree with law, or they refuse it selectively.

To recognize the attribute of conscience to those whom the study classifies as "strong, moderate or partial objectors" based on the intensity with which they oppose abortion, validates, from a moral and ethical point of view, an act that ignores the rights of women and, even worse, deploys of the same attribute those of us who think, based on a deep exercise of conscience, that it is not possible to practice medicine without recognizing, respecting and guarantee these rights.

The ways in which professionals deal with requests for abortion should be called by their real names, so that it is possible to identify groups of professionals and strategies that can be implemented with a view to raising awareness, training and, ultimately, sanction those who, by imposing their beliefs, affect the health and lives of women who request their care and attention: Conscientious objectors that protect their own morals and beliefs refraining from performing abortions without actively or passively hindering access to the service, must be recognized and never be confused with those professionals who obstruct access to procedures.

What is improper in this article is not the use of conscientious objection. It is the wrongful use of the term that is improper and unfair, along with the use of a variety of mechanisms and arguments aimed at preventing

⁴ Providence 83/09 Medical Ethics National court, process -680 Tribunal Seccional de Ética Médica de Caldas.

women from exercising their rights, which are well described and characterized by the authors. As we all agree, these practices are what should be condemned.