ETHICS IN ACTION

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SCENARIO

It's the middle of a fairly busy Monday evening shift, and one of the residents comes to you, fairly distraught. He and the other attending on duty during the shift have been taking care of a patient who was sexually assaulted, and when they discussed her management, the other attending made it clear that he would not order Plan B emergency contraception for her as it constituted a violation of his deeply held moral and religious beliefs. The resident is very upset by this and asks how the other attending can ethically refuse to provide her with the emergency contraception under these circumstances. He is asking for your guidance.

CONSCIENTIOUS OBJECTIONS IN CLINICAL MEDICINE

The term "conscientious objector" was originally used to describe persons who, by virtue of deep religious beliefs, were opposed to war and therefore either excused from military service or mandated into a non-combatant role. While the definition of, and exercise of, conscientious objector rights were defined by several court cases, particularly through the Vietnam War period, the first legal definitions of conscientious objection in the context of clinical medicine occurred with the Church Amendments after the Supreme Court's Roe v. Wade decision in 1973 legalizing abortion. The Church Amendments, sponsored by Senator Frank Church of Idaho, provided legal protection for physicians who refuse to provide abortion or sterilization services to patients covered by federal health plans if doing so would violate the physician's deeply held moral or religious beliefs. It also extended to healthcare facilities as well, protecting religious organization-affiliated hospitals from penalties for refusing to provide services that would conflict with the religious values of the organization.

One area in which this issue has gained a great deal of publicity is several reported instances of pharmacists who have refused to fill prescriptions for contraception, emergency or otherwise. Several states offer pharmacists protection from adverse actions under these circumstances, and the American Pharmacy Association generally recognizes the right of pharmacists not to fill prescriptions that conflict with their own moral beliefs. While less common at the physician level, there have been cases where conscientious objections have arisen, ranging from refusal to provide emergency contraception to other issues including withdrawal of life support or provision of services such as sterilization or termination of pregnancy. While there are legal protections in place to allow individuals the right to practice in a way that does not compromise their moral beliefs, where does that leave the patient?

While there is general recognition of the rights of providers to refuse to compromise their personal moral principles, the mission of the organization and the duty to the patient are equally compelling. Most health care organizations have carefully delineated policies regarding what providers need to do to when they are faced with a situation where their personal beliefs clash with their duty to the patient. Most involve having a backup plan whereby another provider can provide the treatment in question, such as having another ED attending or OB-GYN physician provide emergency contraception to the patient if the original provider does not feel comfortable doing so. Pharmacies have made arrangements to have patients go to other pharmacies to have the prescription filled. The recent decision by the FDA to make Plan B available over the counter has alleviated some of these issues. The separate issue of justice for the patient is still a concern: over-the-counter Plan B can cost as much as $50, making it cost prohibitive for uninsured patients. In the end, most organizations have a clause stating that, if alternate arrangements cannot be made, then the available provider is responsible for delivering appropriate care. If time permits and the issue is proving intractable, an emergency ethics consultation can be called; however, this service is not universally available.

In the case described earlier, the second attending spoke with the first attending and, after the latter had confirmed his objection to providing emergency contraception, the two attendings mutually agreed to transfer care to the second attending, who then provided the requested emergency contraception. At the next department staff meeting, a formal protocol was put into place to deal with any similar future issues. ◗

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