CONSCIENTIOUS OBJECTION IN THE HEALING PROFESSIONS:

A READER'S GUIDE TO THE ETHICAL AND SOCIAL ISSUES

Physician Assistants

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Physicians and their assistants do not perform the same roles; it is unfortunate, therefore, that (at this time) the literature on conscientious objection in the health professions seldom addresses the issues that are unique to assistants. In fact, much of the literature written for physician assistants merely repeats the analyses that are typically applied to physicians. Physicians are in a unique position "as they have been granted monopolistic rights over most medical care."[1,p 603] According to Card, they have less room for conscientious objection as they have a greater moral responsibility. While assistants may be equally obligated to seek the welfare and interests of patients, they are seldom held as directly responsible for it. At the same time, if they have less authority to make decisions, they may also encounter more moral distress than do physicians. For example, a physician assistant (PA) may be have objections to the performance of abortions or prescribing emergency contraception, or to providing reproductive technologies to couples in same sex relationships. Further still, their religious beliefs may also limit indirect participation in the objectionable procedure, for instance a PA may wish to refuse to clean instruments that will be or have been used for abortion. The PA, however, may have fewer opportunities to refer patients and patient care to other, willing, providers.

Law and policy, however, not only recognize but often guarantee both physicians and PAs rights to conscientious objection. Without distinguishing too much between the roles of the two positions, Gianola addresses the ethical quandary, "Can the religious conviction of a physician (or physician assistant) be a legitimate basis to refuse to provide a therapy for a patient?"[2, p52] For a more direct discussion relevant to PAs, see *The Guidelines for Ethical Conduct of the Physician Assistant Profession* by the American Academy of Physician Assistants. Even these guidelines, however, do little to address the unique position of PAs in patient care, but rather, they prohibit physician assistants from discriminating against any patients.[3] Does this mean that the PA's autonomy is trumped by both the authority of the physician and the autonomy of the patient?

According to Pellegrino, who does not discussion the issues for PAs, physicians possess expert knowledge that they should always be free to exercise. Their autonomy should always be considered. However, "the physician has no standing as an expert in human values and has no

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authority to set goals or priorities of public policy relative to the allocation and distribution of healthcare resources." [4,p 52] In addition to this, the illness that the patient is suffering from affects them physiologically and psychologically. Physicians should thus be careful to ensure that their objections do not influence the patient's decision. Pellegrino addresses physician-patient autonomy including challenges to physician autonomy, and the integrity of the medical ethics. Physicians are often allowed to object, provided they inform the patients of their objection. In *Harbeson v. Parke-Davis, Inc.*, for example, before the Washington Supreme Court, the doctor was allowed to conscientiously object as long as information was given to the patient.[5]

In the event that a physician has a conscience-based objection, are they required to refer the patient or to provide information that would help the patient? By referring a patient to another provider, it is argued, the provider does not violate his or her religious and moral beliefs by directly participating in objectionable care; at the same time, however, referral helps to ensure the patient receives the care they need from another provider. Associations such as the Christian Medical and Dental Associations in *The Healthcare Professional's Right of Conscience* assert that "all healthcare professionals have the right to refuse to participate in situations or procedures that they believe to be morally wrong and/or harmful to the patient or others. In such circumstances, healthcare professionals have an obligation to ensure that the patient's records are transferred to the healthcare professional of the patient's choice."[6] In *Conservatorship of Morrison*, the California court ruled that the objecting physician *must* make a transfer.[7] The provision for referrals seems to protect patient welfare by ensuring that they may still be able to access medical care and not be harmed by the refusals of physicians.

In general, most of the literature on conscientious objection would hold physicians and physician assistants to the same standard. With the exception of Gianola[2] and the American Academy of Physician Assistants[3], the items below were written with physicians foremost in mind.

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