CONSCIENTIOUS DEFLECTION:
HOW CLAIMS OF CONSCIENCE AUGMENT RACIAL DISPARITIES IN REPRODUCTIVE HEALTHCARE

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APPLIED BIOETHICS

Moral status of the embryo

Ontology of personhood

Deprivation Thesis (a future like ours)

V.

Increase/decrease in mortality

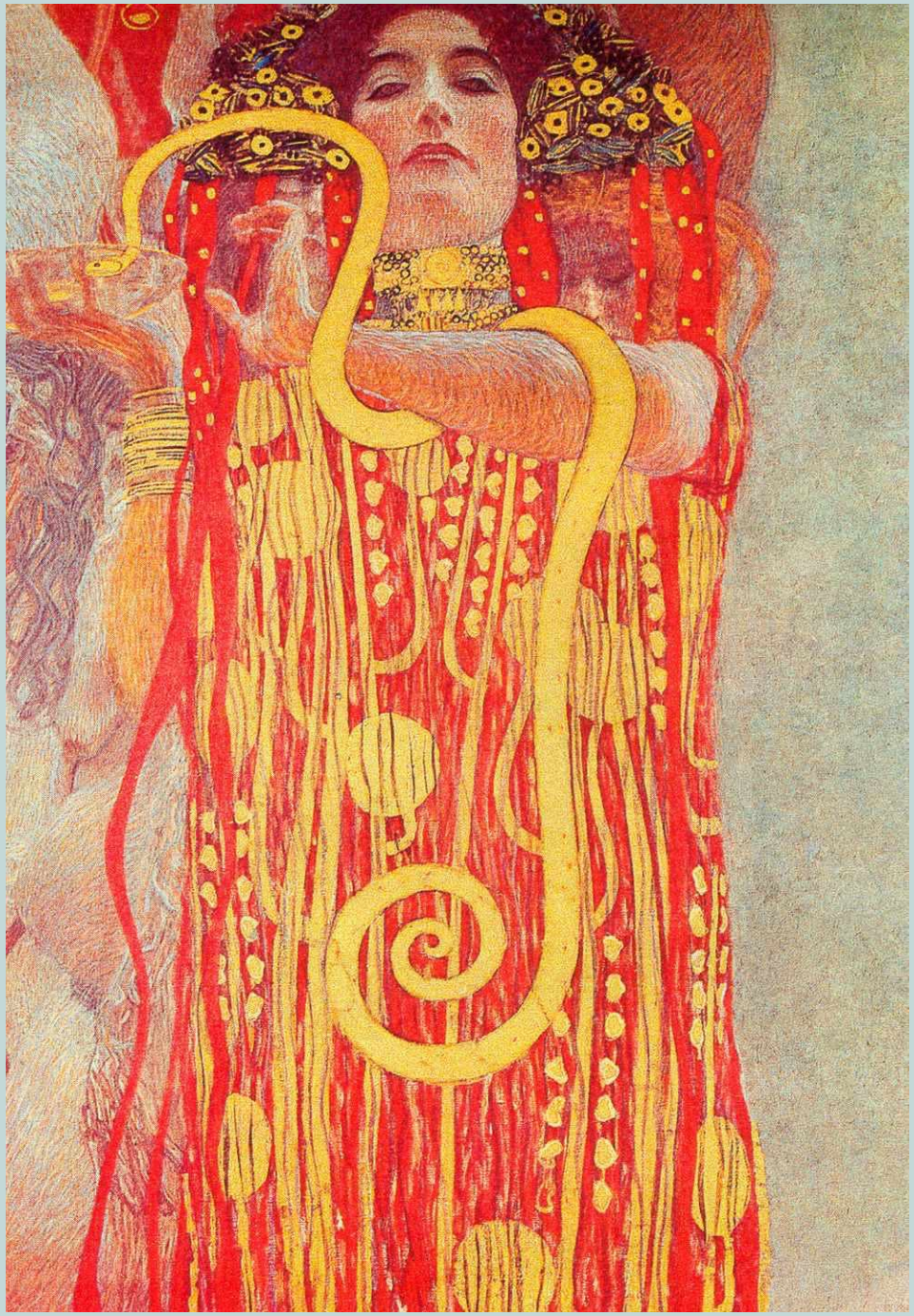
Increase/decrease in morbidity

Feasibility

ISSUE:

"Whether it is ethically permissible for healthcare professionals and institutions to conscientiously refuse to provide medically appropriate health services requested by patients."

- Abortion
- Family planning counseling
- Access to contraception
- Emergency contraception
- Tubal ligations (after cesarean section)
- Management of miscarriage
- Appropriate treatment for infertility
- Management of ectopic pregnancy
- Management of high-risk pregnancy



Participant responses for expectations for care

Family planning method	Metropolitan Hospital of Denver (n=115) (n, %)	St. Ignatius Hospital of Denver (n=121) (n, %)	P-value
Natural family planning advice			<0.01
Yes	98 (86.0)	112 (93.3)	
No	13 (11.4)	2 (1.7)	
I don't know	3 (2.6)	6 (5.0)	
Provide a diaphragm			0.77
Yes	105 (91.3)	112 (93.3)	
No	6 (5.2)	4 (3.3)	
I don't know	4 (3.5)	4 (3.3)	
Prescribe birth control pill			0.52
Yes	110 (95.7)	111 (92.5)	
No	2 (1.7)	5 (4.2)	
I don't know	3 (2.6)	4 (3.3)	
Provide Depo-provera® (the shot)			0.28
Yes	108 (94.7)	110 (90.9)	
No	5 (4.4)	6 (5.0)	
I don't know	1 (0.9)	5 (4.1)	
Get an intrauterine device (IUD)			0.27
Yes	107 (93.9)	108 (90.0)	
No	6 (5.3)	7 (5.8)	
I don't know	1 (0.9)	5 (4.2)	
Prescribe emergency contraception (Plan B® or morning after pill)			0.45
Yes	92 (81.4)	93 (78.2)	
No	14 (12.4)	21 (17.6)	
I don't know	7 (6.2)	5 (4.2)	
Perform sterilization (to get my tubes tied)			0.43
Yes	94 (82.5)	96 (80.0)	
No	8 (7.0)	14 (11.7)	
I don't know	12 (10.5)	10 (8.3)	
Provide treatment of a miscarriage (D&C)			0.51
Yes	99 (86.8)	108 (91.5)	
No	5 (4.4)	3 (2.5)	
I don't know	10 (8.8)	7 (5.9)	
End a pregnancy with a lethal abnormality (baby will not live more than one year if born)			0.57
Yes	79 (68.7)	79 (65.3)	
No	16 (13.9)	23 (19.0)	
I don't know	20 (17.4)	19 (15.7)	
End a pregnancy with a genetic abnormality (i.e. Downs syndrome)			0.32
Yes	72 (63.7)	65 (54.2)	
No	24 (21.2)	34 (28.3)	
I don't know	17 (15.0)	21 (17.5)	
End a normal pregnancy (for personal reasons)			0.27
Yes	67 (58.3)	58 (47.9)	
No	32 (27.8)	44 (36.4)	
I don't know	16 (13.9)	19 (15.7)	

"Many obstetrician-gynecologists who practice at religiously affiliated institutions have reported conflicts with religious policies for patient care, deemed some of these restrictions to be unacceptable when caring for women, and/or reported that such restrictions have interfered with clinical management."

M. Guiahi, et al. "Are women aware of religious restrictions on reproductive health at Catholic hospitals?" *Contraception* 90 (2014): 429-434

REFERRALS:

If their insurance only covers the Catholic hospital, but they want a tubal with their c-section, then sometimes they have to jump through a whole lot of hoops… But usually the insurance companies are pretty resistant.

D. Stulberg, et al. "Tubal ligation in Catholic hospitals." C*ontraception*. 90 (2014): 422-428.

Those who would be most affected by the refusal to provide emergency contraception based on conscientious objection are people in rural communities with less access to health care facilities, people of lower SES, and people of color.

C. Yang. "The inequity of conscientious objection: Refusal of emergency contraception" *Nursing Ethics*. 26, no. 6 (2020): 1408-1417.

"Anti-abortion laws produce motherhood: they take diverse women with every variety of career, life-plan, and so on, and make mothers of them all [...] For a period of months and quite possibly years, forced motherhood shapes women's occupations and preoccupations in the minutest detail; it creates a perceived identity for women and confines them to it; and it gathers up a multiplicity of approaches to the problem of being a woman and reduces them all to a single norm of motherhood."

Jed Rubenfeld. "The Right of Privacy." *Harvard Law Review,* 102 (1988-1989): 778.

CONCLUSIONS

Conscientious objection (in its current form) has no place in health care. The appropriate way to "object" is to opt out of the career.

Conscientious objection in health care is the ideological progeny of misogyny.

Conscientious objection hurts women. Literally. And disproportionately, minoritized women.

Institutions cannot claim "conscience" because [and I can't believe I have to say this] they don't have minds.