Belief-Based Care Denial - Let's Change the Terms of the Debate

So-called "conscientious objection" occurs when a healthcare professional refuses to provide a legal medical service based on their personal or religious beliefs. This happens mostly for abortion and contraceptive care.

A more accurate term is **belief-based care denial**. This makes it clear that treatment is being refused for ideological reasons, not clinical considerations. Further, care denials aren't conscientious because they cause harms to patients and create barriers to care.

How did the term "conscientious objection" get adopted?

In the UK around 1960, Glanville Williams drafted the earliest known example of a "conscience clause", which aimed to protect doctors from liability if they refused to provide legalized abortion. Williams was a legal scholar and president of the Abortion Law Reform Association, but he was also a conscientious objector during World War II. It's likely that Williams simply adopted the term on the assumption that refusing to provide abortions could be equated to refusing to kill in war. But can it?

Military conscientious objection (CO) is nothing like healthcare "conscientious objection" ("CO")

Soldiers are drafted into compulsory service in a subordinate position.	Healthcare professionals compete for training and jobs and enjoy a position of power and authority.
Soldiers must justify their stance before a tribunal and accept punishment or alternate service in exchange for exercising their CO.	Healthcare professionals rarely need to justify their "CO" and usually face no consequences for denying care, often retaining their positions and salaries. Patients bear the burdens of "CO."

Calling the denial of healthcare "conscientious objection" is dishonest – also because it stigmatizes abortion and frames it as immoral.

Safe and legal abortion reduces maternal mortality, improves lives, and furthers gender equality. Objections to providing abortions are based on a denial of that evidence and the known harms of criminalizing abortion.

The provision of abortion is a vital public interest that negates any grounds for belief-based care denial.

Other factors point to the illegitimacy of "CO" in healthcare

Belief-based care denial is linked to religious beliefs, which drive abortion stigma and political action against abortion rights. We must not let religion and patriarchy dictate who gets what medical care.

Society still holds traditional sexist beliefs about women, who are expected to fulfil a motherhood role and may face hostility when requesting abortion. Belief-based care denial is a paternalistic initiative to compel women to give birth.

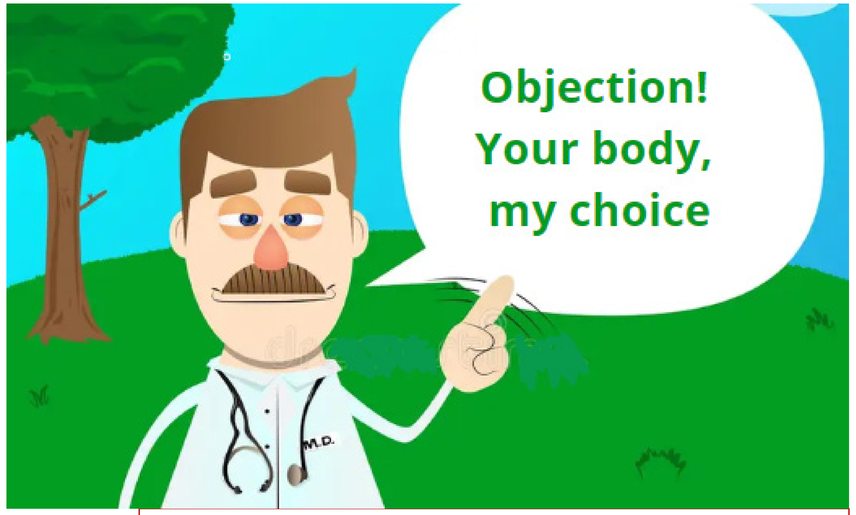
Medicine is a scientific pursuit and doctors are part of a regulated profession. They owe a fiduciary duty to patients and their work fulfills a public trust. Belief-based care denial turns this duty upside down and creates a conflict of interest. Care deniers are abusing their position of trust and authority by imposing their personal views on patients.

Denial of healthcare must not be based on a patient's gender, race, religion, disability, or medical condition. But belief-based care denial is rooted in gender discrimination because reproductive healthcare is largely delivered to women.

Care denials are not an issue of "competing rights" between the doctor and patient because there is no "balance" when an authority figure is allowed to impose their beliefs on a dependent person. A patient's right to life and health has no moral equivalency with a doctor's supposed right to refuse them care.

About eighty stories have been collected from global media and NGO reports where women have suffered serious harm or injustice after being denied legal abortion by "objectors," including death in several cases. These stories are the tip of the iceberg, as few cases ever become public.

Why should society allow belief-based care denial when we have clear evidence of its harms and of the necessity of access to abortion? Supporting it just cedes ground to the anti-choice movement and weakens the causes of reproductive rights and gender equality.



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Over time, it's possible to reduce or eliminate belief-based care denial through disincentives and other measures (it does *not* include forcing doctors to do abortions). We can start by ditching the misleading phrase "conscientious objection," which has become nothing more than an anti-choice propaganda term.

Let's adopt the term belief-based care denial

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