
# *Christian Conscience in Healthcare*

*Christian Medical Dental Fellowship of Australia Inc.*
*2012*

**CMDFA Ethics:** Christian Conscience in Healthcare



**Christian Medical & Dental Fellowship of Australia Inc**
**ABN:** 95 084 292 464

PO Box 877
Baulkham Hills NSW 1755
Australia

Telephone:(02) 9680 1233 International: +61-2-9680-1233

Facsimile: (02) 9634 2659 International: +61-2-9634-2659

**ISBN:** 978-0-9871184-1-7

# CHRISTIAN CONSCIENCE IN HEALTHCARE

## Preamble

Christians will be aware of the increasing push towards secularisation in Australian society. A genuinely secular society embraces and respects a wide range of perspectives , both religious and non-religious, but does not privilege any one belief over others. But an extreme form of secularism seeks the removal of the religious from every area of life except the purely private. This ideology, perhaps given impetus recently by the New Atheists, underlies the challenges, for example, to Religious Education in public schools, to school chaplaincy, and to tax concessions for religious organizations.

A manifestation of this ideology in the healthcare context is the challenge to the view that conscience (often assumed to arise from religious convictions) ought always to be respected. For example, the Victorian Abortion Law Reform Act (2008) obliges a registered health practitioner who has a conscientious objection to abortion, to " refer the woman to another registered health practitioner in the same regulated health profession who the practitioner knows does not have a conscientious objection to abortion". While the subsequent national code of conduct, which is likely to override the Victorian legislation, does affirm the importance of acting according to conscience, the ongoing presence of this Victorian legislation is of great concern.

Similarly, in the *MJA* last year (2011), ethicist Julian Savulescu argued that "conscientious objection by doctors, as is commonly practised, is discriminatory in medicine" that it may clash with "agreed and justified moral standards', and that "freedom to practise religion does not imply freedom to impose religious values on others in a secular liberal society". [1]

It is within this context, and with these challenges in mind, that the Ethics Committee of the CMDFA offers this reflection on Christian Conscience in healthcare.

---

[1] Savulescu, J. (2011). "Should doctors feel able to practice according to their personal values and beliefs?" *MJA* 195 (9) 7 November: 497.

**Christians and conscience**

The word "conscience" does not appear in the Old Testament or the gospels, however Paul describes the characteristics of "conscience" in the epistles. He gave the name *syneidesis* (Greek for *conscience*) to this reality**,** an inner aspect of a person's life where a sense of right and wrong is developed[2], and which is personal, individual and subjective.

The concept of conscience is often expressed in the image of the 'heart', the symbol of the inmost depth of the person: **"** I hold fast my righteousness, and will not let it go; my heart does not reproach me for any of my days" (Job 27:6). Because God has created all human beings in His image as moral beings, the experience of conscience is one of the most fundamental aspects of being human. "When Gentiles, who do not possess the law, do instinctively what the law requires, these, though not having the law, are a law to themselves. They show that what the law requires is written on their hearts, to which their own conscience also bears witness; and their conflicting thoughts will accuse or perhaps excuse them on the day when, according to my gospel, God, through Jesus Christ, will judge the secret thoughts of all" (Romans 2: 14-16).

But because we live in a fallen world where everything is affected by sin, our conscience is distorted and often unreliable. If a person's conscience is persistently ignored or violated, it may become desensitised, or "seared" (1 Timothy 4:2). The conscience may accuse where there is no reason, or remain silent when it ought to accuse. Even the apostle Paul could write, "My conscience is clear, but that does not make me innocent" (1 Corinthians 4:4). Christians may have a "weak" conscience, which is overly sensitive and calls some activities "sins" which are not morally wrong in themselves (1 Corinthians 8:1-13). Even when we do not agree with another's conscientious objections, and regard their conscience as weak, **we should never urge them to violate their conscience** (1 Corinthians 8:7). On the other hand, the person

[2] Atkinson DJ, Field DH. (Eds.) (1995). *New Dictionary of Christian Ethics and Pastoral Theology. Leicester: IVP, 251.*

with the weak conscience should guard against judging others for doing things that their own conscience condemns.

Therefore, while conscience is a useful "alarm", it cannot be the ultimate or decisive moral guide. Conscience requires instruction if it is to help us. This will come from the scriptures: 'All scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness so that the man of God may be equipped for every good work' (2 Timothy 3:16, 17). While the authority of scripture is primary, church tradition, reason and experience (including guidance from the Holy Spirit) may also provide instruction.

The conscience of a Christian health professional will be influenced not only at a personal level by their faith, but also by the traditional moral values of their profession. As will be explained below, in modern societies, a code of conduct is linked to professional registration. In Australia, this is found in the Australian Medical Council's *Good Medical Practice: a Code of Conduct for Doctors in Australia* (2009)[3] *(Good Medical Practice).* As those known for their love of their neighbour (Matthew 22:39), Christians will be careful to fulfill their responsibilities in this regard.

Christian doctors and dentists aim to care for their patients to the best of their ability, within the constraints of available resources and public health requirements. In this process, their desire to look to the best interests of their patient is complemented by their respect for the autonomy of the competent patient, looking to them to guide their actions when decisions need to be made between legitimate courses of action. We recognize respect for autonomy as due to all human beings who are made in the image of God.[4] Respecting the autonomy of the doctor does not necessarily limit that of the patient. Ideally, the two factors work together in a complementary fashion to ensure optimum care for example in 'patient-centred care'. In the doctor-patient

[3] Medical Board of Australia. (2009). *Good Medical Practice: a Code of Conduct for Doctors in Australia.* Available at: http://www.amc.org.au/index.php/about/good-medical-practice

[4] Obviously, in a medical setting, exceptions will occur when a patient is mentally incompetent.

relationship, the doctor draws on their knowledge and training to empower the patient to make wise choices through being appropriately informed. Without this assistance from the doctor, the patient would usually be unable to exercise their autonomy in an authentic way. The professional who does not give their opinion when asked on which of many treatment options to pursue, is probably assuming too much knowledge on the patient's part.

However, this opinion is not to be delivered in a morally judgmental manner. Doctors are obliged to hold in balance their personal and professional autonomy. *Good Medical Practice* requires *'avoiding expressing your personal beliefs to your patients in ways that exploit their vulnerability or that are likely to cause them distress.'* (8.3.3). A doctor's expression of their personal moral values (when appropriate), if in conflict with the desires of the patient, should be gentle and non-offensive and not imply that the patient is obliged to adopt similar values.

**Criticism of conscience in contemporary medicine**

The role of an individual doctor's conscience is controversial in contemporary bioethics. On the one hand, the attack on health professionals' rights to express personal values is surprising, given that most Human Rights instruments recognise the right to freedom of thought, conscience and religion. For example, Article 18 of the Universal Declaration of Human Rights says:

> *Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.*

In Comment 22, the Office of the High Commissioner for Human Rights says that this right is "far-reaching and profound", and that "It does not permit any limitations whatsoever on the freedom of thought and conscience or on the freedom to have or

adopt a religion or belief of one's choice. These freedoms are protected unconditionally"[5]

On the other hand, it is not surprising that the role of conscience for doctors is under attack, given the trend in secular bioethics towards elevation of respect for patient autonomy as the overriding principle. One of the disturbing features of modern medicine is the downplaying of any sense of the doctor as moral agent who makes significant moral choices, either as a member of a profession with distinct values and standards or as an individual with their own moral commitments. Priority is increasingly given to the values of the patient over those of the doctor. In early 2006 Australian bioethicist Julian Savulescu argued in the British Medical Journal that "a doctor's conscience should not be allowed to interfere with medical care".[6]

Savulescu's article provoked a flood of negative responses from doctors around the world. Common themes in the responses were the need to respect the autonomy and freedom of choice of doctors as well as patients, that doctors who practice without values or a conscience would be dangerous, and that society should not require people to behave in ways that go against deeply held convictions.

*Good Medical Practice* supports these sentiments: *'No code or guidelines can ever encompass every situation or replace the insight and professional judgment of good doctors. Good medical practice means using this judgment to try to practise in a way*

[5] http://www.unhchr.ch/tbs/doc.nsf/0/9a30112c27d1167cc12563ed004d8f15

[6] Savulescu, J. (2006). "Conscientious objection in medicine." *BMJ* **332**(7536): 294-297. Savulescu included a discussion on doctors who refuse, on religious grounds, to be involved with abortion. The Victorian *Abortion Law Reform Act* (2008) denies doctors the right of conscientious objection to referral for an abortion or to performing it themselves in an emergency. *Good Medical Practice* has subsequently reaffirmed the right of conscientious objection for doctors practicing in Australia. The Victorian law has not yet been tested in the courts.

*that would meet the standards expected of you by your peers and the community."*[7] Such observations support the notion of the medical practitioner as a moral agent.

## Confusion of the issues

Part of the confusion in discussion of medical right of conscience is due to the fact that there are at least two frameworks of ethical standards operating at any one time for the practicing doctor. As we have seen, on the one hand there is a standard of professional behaviour to which all registered practitioners are required to adhere, and then there are personal ethical values that will be shaped by one's worldview. In order to understand the issues within both spheres, we will address them separately.

## Professional medical ethics

Medicine has traditionally been understood as a profession with a distinctively medical morality, and medical education as a process whereby students are trained to understand their role-specific **ethical** obligations as well as medical science and skills. These include defined codes of behaviour. For example, doctors have particular reasons (in addition to the general reasons that exist) for believing that it is wrong for doctors to kill their patients, or breach their confidences, or have sexual relationships with them. Such standards are uniform for all doctors and linked to the right to practice.

However, this understanding is being challenged in contemporary bioethics, with medical ethics being regarded as simply an extension of general ethical theory to the particular issues which arise in medicine, rather than a practice which generates its own "internal" morality. Traditionally the morality of medicine has been decided from within the profession, rather than by those outside it. While it is understandable that no-one wants to go back to the days when the doctor unilaterally decided what was best for a patient (paternalism), at the same time, given the unique privileges of

[7]Medical Board of Australia, op. cit., (1.1).

doctors to gain access to private information and individuals' bodies, it is appropriate that they be held to high moral standards.

A review of the historical and philosophical arguments about an internal morality of clinical medicine suggests that, while not uncontentious, the idea that medical morality is generated at least in part from internal norms, which are derived from the goals and limits of medicine, is both powerful and plausible. This is one of the reasons why doctors reject the premise that they should be seen as mere service providers for their patients, doing whatever the patient requests.[8]

**Individual ethical views**

The view of a doctor as a value neutral service provider is in fact the product of a particular values system: Western liberal individualism. But even as an expression of liberalism this view fails because it results in the patient effectively imposing his or her moral view on the doctor. The patient determines whether a particular act is right or wrong, and yet it is the doctor who is the agent, the one who acts. This is likely to become the norm as fundamental Judeo-Christian values are replaced by humanistic liberal values in society. There is increasing acceptance of the myth that secularism is morally neutral. We reject this form of secularism that claims to be morally neutral and exclusively claims the public sphere for itself, relegating individual religious belief and practice to a private sphere of non-engagement with public moral issues. Rather we endorse a view that in a pluralistic society, the contribution of religious thinking and practice are valid and indeed essential contributions to the viability and health of the wider community. We all have a moral view based on our own understanding of how we decide right from wrong. None of us is neutral.

---

[8] For further discussion of the internal morality of medicine, see CMDFA Ethics committee. (2012). *What is the basis for a professional morality of medicine?* Unpublished.

## Conflicts in medical conscience

There are thus two levels at which conflicts of conscience may occur for doctors; on the one hand there are 'structural' standards to consider in law or professional codes to which we are expected to adhere, and then there are 'individual' standards resulting from one's personal morality.

## 'Structural' sin

Doctors have always recognized that patient advocacy, whether at an individual level or with regard to public policy, continues to be an established good within public health. However, it is possible that a government may legislate to compel Christian doctors to do that which violates their conscience (examples include current Victorian abortion legislation, or possible future laws involving euthanasia for the mentally incompetent). As members of a democratic society we are free to lobby and protest against coercion of citizens to act against their principles, just as we are free to advocate for our patients in matters of healthcare. The lack of such protest by German doctors in the Second World War with regard to government-sanctioned euthanasia is now condemned.[9] Living in a fallen world can also lead to situations of inequity against which doctors may be led to protest, for example some of the practices of pharmaceutical companies, and illegal body parts trafficking. Such a path requires much wisdom, but 'who knows but that you have come to (this medical) position for such a time as this?' (Esther 4:14).

## The right of conscientious objection

A point of contention which is a greater challenge for Christians, is where their personal morality conflicts with individual patient preferences for treatment or with colleagues' expectations for practice (such as when determining group policy or research protocols).

---

[9] Pross, C. (1991). "Breaking through the postwar cover-up of Nazi doctors in Germany." *J Med Ethics* **17**(Suppl.): 13-16.

There are two situations in which the doctor and patient may find themselves in conflict regarding expression of personal autonomy: those situations where the requested treatment is not in accordance with standard medical practice, and those where it is.

If, in the doctor's considered opinion, the procedure requested by the patient is inappropriate, the conventional practice is to advise against this path, giving reasons, and to suggest appropriate management. This constitutes beneficent behaviour on the part of the doctor. There is no need for the doctor to discuss their personal views in this scenario and to do so would take advantage of the patient's vulnerability in the doctor-patient relationship. For example, a doctor may advise against treatment which they consider to be overly burdensome compared with benefit, or not locally available. In Australia, a doctor is never obliged to provide a treatment which is understood by the medical community to be futile, even if the patient requests it.

However, if the requested procedure is a standard and legal treatment option for the patient's condition, the doctor is professionally obliged to recognize it as such, but this does not mean that they cannot (gently and non-offensively) ensure that the patient is aware of other appropriate treatment options. Furthermore, if the treatment is a standard care option, the doctor is obliged to mention it even if the patient does not, in accordance with the professional responsibility to ensure that patients receive all information required to make an informed choice, even if some of these options are not in accordance with the doctor's own moral views.[10] In the same way, the mentally competent patient's refusal of recommended treatment must be supported, even when this choice is regarded as unacceptable according to the doctor's personal and/or professional morality.

If a doctor has counseled a patient regarding other options and the patient perseveres in their choice for a treatment which is legal but opposed by the Christian doctor on

[10] An exception may be if the doctor has previously advertised that such treatment will not be offered, for example by a notice in the waiting room.

ethical grounds, the patient is free to seek that treatment elsewhere. However, some may insist that the doctor in question should refer the patient to an appropriate service provider. This raises the issue of complicity.

Complicity refers to association, partnership or involvement with wrongdoing. For example, is referral to another doctor who performs an abortion of the same moral gravity as performing it oneself? Some Christians would think so. They would argue that while we are somewhat distanced from the act itself when we refer, we are still helping the patient achieve their goal and thereby implicitly indicating that the patient's choice is a valid therapeutic option.

Other Christians do not see referral (for a morally problematic procedure) as an act which is morally equivalent to performing the procedure themselves. They see that there are some moral arguments for referral. There is the obligation to do good and not harm to the patient. The 'duty of care' to the patient will require that their ongoing care is appropriately transferred to another doctor. Another reason to support referral is in the interests of making a future relationship with the patient possible. Patient safety is another issue. The doctor's motive is care for the patient and the intention is to make sure the procedure is done safely. As Christian doctors living in a fallen world, we will expect to have patients who differ from us in their choices and this may be painful for us, but we have no right to impede the informed choices of mentally competent patients. But neither does the patient have a right to make a doctor violate their conscience. There are ethical arguments for both referring and not referring. Committed Christian doctors exist at both ends of the spectrum.

There are some matters of conscience over which Christians will disagree. While this paper has argued the importance of the individual's conscience, there is also a strong scriptural emphasis on the role of the community of faith. After prayer and discussion with other Christians, each should do what they believe is right. Those doctors who consider that referral constitutes complicity in wrongdoing should not

refer, as acting against our conscience is sin (Rom 14:23). In such a situation, discontinuation of the doctor-patient relationship may be the only ethical option.

**Conclusion**

In summary, all Christians are called to live in accordance with scriptural principles, regardless of societal norms. Christian doctors are no exception. While there is often no conflict between moral guidance from medical codes of conduct and Biblical tenets, in contemporary medicine there are increasing opportunities for conflict, which are likely to expand as technology extends further control over the limits of human life.

There are several ways for a Christian doctor to deal with a request to perform actions contrary to their own moral convictions:

1. to withdraw from certain fields or even all of medical practice, in order to avoid moral complicity (for example some have avoided assisted reproduction due to concerns about embryo wastage), or
2. to continue to work within the field, but to not participate in a defined set of practices (an example being palliative care physicians who have indicated refusal to perform euthanasia should it be legalized in this country), or
3. to recognise that living in a fallen world is messy, and that engagement in medicine, as in many other areas of life, may, indeed does, sometimes entail sadly witnessing patient choices we regret while continuing to hope that we can be agents for positive change (such as a mentally competent patient refusing potentially life-saving treatment). Our Medicare levies fund abortion, gender reassignment and organ transplantation, to each of which some Christians have moral objections.
4. There may be an additional path if legislative challenges to our morality exist: to witness to our Christian faith through protest and civil disobedience.

Each of these paths, we trust, will be a way to act as salt and light (Matthew 5) not just for our patients but also for our community as a whole. We must prayerfully decide which path God calls each of us to take in each situation.

**Written by the CMDFA Ethics Committee**

**Principal authors**

Megan Best (Deputy chair)

Denise Cooper-Clarke (Chair)

**Approved by CMDFA BOARD  May 10, 2012**

Why Join the **CMDFA?**

**~ Fellowship ~ Evangelism ~ Discussion ~ Mission ~ Student Work**

**CMDFA seeks to:**

- Unite Christian doctors and dentists from all denominations and to help them present the life-giving Christian message of God's love, justice and mercy in a tangible way to a hurting world.

- Help students and graduates of medicine and dentistry integrate their faith in Jesus Christ with their professional practice.

Membership is open to students and graduates, who want to follow Jesus Christ as Saviour and Lord. Associate membership is also available to Christian graduates in related disciplines.

**By joining the Fellowship you can:**

Be motivated in mission for Jesus Christ.

- Be encouraged in your growth as a Christian Health professional.

- Be committed in serving God and your neighbours in the healing ministry.

- Learn from others in integrating your Christian faith and your professional life, drawing on the experience of older graduates as mentors and facilitators.

- Encourage and support other colleagues in fellowship and prayer.

- Share your resources with those in need through special ministries.

- Network with others to effectively bring God's love to patients, colleagues and daily contacts.

- Collectively make an impact for Christ in health care.

CMDFA Inc – PO Box 877, Baulkham Hills, NSW 1755
Telephone: 02 9680 1233 Fax: 02 9634 2659
Email: office@cmdfa.org.au Web-site: www.cmdfa.org.au