

**CONSCIENTIOUS OBJECTION IN THE HEALING PROFESSIONS:
A READER’S GUIDE TO THE ETHICAL AND SOCIAL ISSUES**

Students

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Students, like the healthcare professionals they seek to become, make conscientious objections on ethical and religious grounds. In the case of students, however, these objections may be to participating in educational activities. Such activities range from training for abortion and sterilization to the use of animals in medical education. Others may be more cultural in nature. Card, for example, describes potential cases in which male, Muslim, medical students may refuse to touch members of the opposite sex.¹ In this case, and in others, conscience-based exemptions might be limited by the necessity to acquire professional competency in a core subject of medicine—women’s health.

Wicclair distinguishes between two types of exemptions: “(1) exemptions from observing or assisting in the provision of a health service and (2) exemptions from learning about indications, contraindications, benefits, risks, complications.”² According to Wicclair, denying conscience-based exemptions to medical students may diminish their ethical sensitivity—particularly, if students feel pressured to act unethically. It also undermines the diversity of the student population—for instance, if the exemption is based on religious grounds, and threatens to undermine moral integrity.

The American Medical Association has seven guidelines to aid in addressing conscientious objections by medical students. The guidelines propose allowing conscientious objections by medical students—with in defined parameters and with specified, alternative curricular activities. Conflicts between the physician’s individual conscience and patient wishes should be part of the curriculum when dealing with ethical and professional issues. Medical schools should also have formal written policies that should be consistently applied, and mechanisms to address conscientious objection. Even where an exemption has been granted, students should still be required to “learn the basic content or principles” of the activities from which they are exempt. Furthermore, in permitting objections, patient care should not be compromised.³

There are, however, instances where denying a conscientious-based refusal may be justified. For example, as Wicclair noted, when there are established core educational requirements or core local requirements that cannot be obtained if an exemption is allowed.² Another justifiable

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reason to deny exemptions would be in the context of “course or clerkship requirements that aim to increase cognitive knowledge and understanding and do not require students to perform actions (excluding reading and attending lectures and seminars) that violate their ethical and/or religious beliefs.”² Accordingly, a conscience-based objection can justifiably be denied if it has a discriminatory basis--e.g. refusing to examine members of the opposite sex based on a belief of that person’s inferiority.

Lastly, Wicclair maintains, that if granting an exemption will have a negative impact on the patient’s well-being, or on other students and supervisors, then it can be denied regardless of whether it was an emergent or non-emergent situation.² Wicclair offers several options for conscientious-based exemption policies, including either having a list of exempted activities or identifying areas that do not qualify for exemption.

At the same time, others have made the case that institutions should not require participation.⁴ The Christian Dental and Medical Associations suggests that institutions, educators and trainees should be allowed to object to procedures that go against their morals, and calls for a full understanding of the reasons a trainee in the healthcare professions is objecting. This objection should be honored "without academic or personal penalty."⁴

Further Reading

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