

ABPD Statement on Laws Protecting Health Professionals' Conscience

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Some states are expanding legal protections for health professionals' exercise of conscience. Tennessee, for example, recently enacted the "[Medical Ethics Defense Act](#)," which [a physician reportedly cited](#) in declining to provide prenatal care to an unmarried woman.

The [Association of Bioethics Program Directors](#) (ABPD) represents the leadership of nearly 100 academic bioethics programs across North America. Medical ethics is a subfield of bioethics. The ABPD is concerned these new laws, which often include language about supporting medical ethics, actually undermine the consensus of bioethicists on how to protect health professionals' conscience and promote patient well-being.

Universal agreement within bioethics is rare. Few bioethicists argue that health professionals have either [no](#) or [complete](#) rights of personal conscience. Most bioethicists agree that [health professionals' consciences](#) and [patients' access](#) to care should both be protected. Protecting health professionals' conscience supports their personal integrity and diverse views among professionals, and promoting patients' well-being is a central tenet of medical ethics.

Most laws have also generally sought to protect both, including responsible conscience laws and clinical practice laws, which recognize that health professionals' right of conscience comes with significant correlative duties, like the duty of honesty. For example, both conscience laws and informed consent laws should ensure that patients are [informed](#) about options to which the clinician personally objects.

A right to conscientious refusal also does not reduce the duty of respect; for example, pharmacists who [denigrate](#) patients seeking contraception act unethically. Similarly, refusing to use a patient's chosen name and pronouns is disrespectful and unethical for health professionals, no matter their beliefs about gender and gender identity.

A right to conscientious objection also does not confer a right to engage in [invidious discrimination](#), such as providing a service to some patients but not others based on medically irrelevant factors like race, gender, marital status, religion, or sexual orientation. Such discriminations are also unethical and unprofessional even when they are not considered illegal.

Outside of this consensus, there is ongoing debate about the scope of a refusing professionals' [duty to refer or transfer care](#) to another professional willing to provide it and professional's [right to provide, as opposed to refuse, care](#) based on claims of conscience when that care is otherwise disallowed by law or policy.

Health systems, insurers, and legislators should support this consensus by developing effective strategies, policies, and laws that protect both health professionals' exercise of conscience and patients' access to care. This would be a true defense of medical ethics.