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Reframing Conscientious Care. Providing Abortion Care When Law and Conscience Collide. *Mara Buchbinder, Dragana Lassiter, Rebecca Mercier, Amy Bryant, and Anne Drapkin Lyerly. The Hastings Center Report, 2016¹.*

This article explores what conscientious care may involve in cases where abortion laws and the abortion provider's conscience collide. The authors question the presumption that compliance with the law automatically compromises the health care provider's integrity. They look beyond the ethics of refusal by offering a framework for ethical action that allows for a broader consideration of how conscience claims may be applied as a positive force.

Background

The proposed framework draws on empirical data from a qualitative study investigating abortion providers' experiences with practicing under the North Carolina Woman's Right to Know (WRTK) Act. According to the WRTK Act the health care provider must provide counselling to the patient prior to performing abortion, and the patient must provide a written confirmation that the requirements for counselling were met. The content of this counselling is state-prescribed and must include: information about alternatives to abortion; the name of the physician performing the abortion; medical risks of the abortion and of carrying the pregnancy to term; gestational age at the time of abortion; information in cases where public assistance programmes may not be available for prenatal care, childbirth and neonatal care; and inform the patient that the 'father' is liable for child support irrespective of whether he has offered to pay for abortion.

A relational framework for conscientious care

The authors focus on the relational context that motivates conscience claims. Their framework distinguishes between two overarching approaches to ethical action in cases where the health care provider finds her/himself in moral conflict with institutional policy or legal mandates; **conscientious compliance or conscientious refusal**. Next, the authors identify four strategies for ethical action under these two approaches:

The **procedural strategy** refers to situations where the health care provider distances him/herself from the law by clearly communicating the part of counselling process that is legally mandated.

¹ Buchbinder, M., Lassiter, D., Mercier, R., Bryant, A., and Drapkin Lyerly, A. (2016). Reframing Conscientious Care. Providing Abortion Care When Law and Conscience Collide. *The Hastings Center Report* 46 (3), 22-30.

The ***relational strategy*** focuses on mitigating the distress that a patient may experience as a result of the law. The strategy is aiming at maintaining the patients trust, and may include validating the patients concerns and negative experience of the legally mandated process.

The ***Modification strategy*** refers to efforts to modify legal or policy constraints, based on experience from working within the constraints of the law. This may include providing feedback on information material etc.

The ***non-compliance*** strategy falls under the second category of conscientious care, namely *conscientious refusal*, and refers to non-compliance with the legal or institutional mandate based on moral considerations, not to refusal of treatment.

Reframing refusal

The article conclude that the framework can offer guidance to other areas of health care, and help in reframing discussions about conscientious care and limits of refusal for example in areas such as assisted death.