Many people agree that health care workers should not be forced to provide procedures or services to which they object for religious, moral, or ethical reasons. However, they often insist that objecting health care workers refer the patient to someone who will provide the service, or assist the patient to that end. This condition is unacceptable to many conscientious objectors.

'Distance'

Refusal to refer is sometimes explained or interpreted as an attempt by the objector to "distance" himself from something he finds morally objectionable, but this has to do with complicity, not geography.

Consider *Newsweek* columnist Jonathan Alter's suggestion for interrogating terrorist suspects. Acknowledging that physical torture is "contrary to American values," but arguing that torture is sometimes appropriate, he proposed that the United States turn terrorist suspects who won't talk over to "less squeamish allies."

Most people reject the idea that the United States could relieve itself of moral complicity in torture by adopting Alter's proposal. On the contrary: protests against this idea forced amendment of the *9/11 Commission Recommendations Implementation Act* of to prevent it, and a bill was introduced to prohibit "outsourcing torture."

Vicarious moral responsibility

The reaction against "outsourcing torture" reflects long-standing legal, religious and moral principles that we can be held responsible for the actions of someone else. For example, one can be charged for bank robbery if one assists the robber by providing the weapon used, even if one is absent when the robbery occurs.

The increasing popularity of 'ethical investment' reflects a belief that one is responsible for the good or the harm that flows indirectly from one's financial participation in a company. Many people adopt ethical investment as a strategy to preserve their personal integrity, whether or not their investment choices actually influence corporate policies.

The principle of vicarious moral responsibility is widely accepted, deeply entrenched, and, if anything, becoming more important as people more fully appreciate the interconnectedness of the world. Health care workers who refuse to refer patients for something they judge to be wrong are not being excessively scrupulous, but are acting on the same principle that guides their fellow citizens in other situations.

Legality

Torture, of course, is contrary to international law and abhorrent to many people. Those who would force conscientious objectors to refer for morally controversial services often assert that (unlike torture) such services are legal.

Yet most people normally respect freedom of conscience even with respect to *legal* acts that they recognize are of grave moral importance to others. Even supporters of capital punishment do not usually demand that people who object to it be forced to facilitate legal executions. In fact, physicians are often expressly forbidden to participate even indirectly in executions.

Neither torture nor capital punishment are forms of health care, so it may be more illuminating to consider legal but ethically controversial medical procedures.

There is no law against sex-selective abortion in Canada, nor against determining the sex of an infant before birth. Nonetheless, the College of Physicians and Surgeons of British Columbia policy is that physicians must not disclose the sex of a baby until after 24 weeks gestation, in the hope of preventing (legal) gender selection abortion. Physicians violating the policy may be disciplined by the College. This clearly indicates that the legality of a procedure is not reason enough to compel a health care worker to facilitate it.

Moral perceptions

Critics who do not share the convictions of conscientious objectors often misconstrue objection as an attempt to control the patient. This is usually because the critic believes that the controverted procedure is morally acceptable and that the objector is mistaken. Thus, someone who tolerates refusal to participate *directly* in "X" cannot see why someone would refuse even to *refer* for "X." That this conclusion is based upon an unexamined assumption that begs the very point in issue is best illustrated by analogy.

In a place where bribery is almost universal practice, an honest official refuses a bribe from a businessman seeking preferential treatment. The businessman, annoyed, says, "If you won't do it, direct me to someone who will." Is the official obliged to help the businessman find someone who will accept the bribe?

Most people would not require an honest official to help a businessman find others who would take a bribe. Instead, they would insist that no one should be forced to facilitate bribery *because bribery is wrong*. That is: *to the extent that they sense or appreciate the wrongness of an act*, they would support those who refuse to assist with it. And they would recognize conscientious objection as an act necessary to preserve one's personal integrity rather than an effort to impose limitations upon someone else.

The problem of precedent
A principle that conscientious objectors ought to be forced to refer a patient would, logically, apply to *all* controversial procedures.

For example, since late 2003, general practitioners in Belgium unwilling to perform euthanasia have faced demands that they help patients find physicians willing to provide the service. It is argued that mandatory referral for euthanasia is required by respect for patient autonomy, the paradigm of "shared decision making" and the fact that euthanasia is a legal "treatment option."

'Striking a balance'
Referral is often erroneously explained as "striking a balance" between the interests of the worker and those of the patient. However, in cases of conscientious objection their interests cannot be balanced because they are not commensurable; they concern fundamentally different goods. A patient has an interest in obtaining service, but the health care worker has an interest in maintaining his personal integrity. With sufficient imagination and political will one may find a way to accommodate the interests of both, but no 'balance' is achieved by subordinating one to the other.

Professionalism
Nonetheless, some people insist that, as professionals, health care workers should be willing to subordinate their personal interest and comforts to those of their patients. Self-sacrifice, however, has never been understood to include the sacrifice of one's integrity. To abandon one's moral or ethical convictions in order to serve others is prostitution, not professionalism.

A false compromise
Activists and persons in positions of power or influence often argue that to require referral for a controversial procedure is a compromise that demonstrates respect for both the convictions of the objector and the autonomy of the patient. This simply raises, in a different form, the intractable problem of "striking a balance" between incommensurable goods.

No better result is obtained if the problem is framed as an attempt to strike a balance between conflicting moral viewpoints. The objector refuses to refer because he believes X to be wrong, and he believes that referral makes him unacceptably complicit in X. His opponents dispute either his moral evaluation of X, or of referral, or both. They can insist on compulsory referral only if they deny the objector freedom of conscience altogether, or if they reject the objectors's moral evaluation of X and/or referral, enforcing their (correct) views against his (erroneous) views with threats of discipline or dismissal.

This is a blatant assertion of superior moral judgement and of a right to compel others to conform to it. Paternalistic it may be, but it is not a compromise.

This pamphlet is drawn from an essay on the Project website. The full text of the essay and this pamphlet may be downloaded and copied for distribution.

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[Pamphlet Date 27 May, 2010]

ISSUES OF CONSCIENCE

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