

Is conscientious objection, with respect to terminations, ever morally justified in low resourced states such as Tasmania?

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Veracity and morality can legally be rationalised and support failing to execute one's duty to your patient. If there is a true duty of care towards a patient asking to execute their autonomous decision to terminate a pregnancy, conscientious objection is flawed and iniquitous. In situations where a clinician owes an essential and imperative duty, it should be unlawful. A physician's personal set of morals has no place in the bearing of medical care. The duty owed to patients is codified in law and delivered to patients in consonance with their informed consent and identification of the alternative treatment options. If a physician cannot offer lawfully permissible, prudent, efficient, and preferred care to their patient due to variances in a personal belief, that is unsupported by medicine, they must reconsider their vocation especially in areas, like Tasmania, that has limited resources and often cannot outsource these to another physician as geography limits access to other medical professionals.

Reproductive rights are personal, private, and intensely impassioned and emotional, therefore decisions concerning these topics are often particularly arduous and trying for the women who have to make them, furthermore they are often censured and bear social and moral denunciation from the more conservative members of a community (Eyal & Gosseries, 2013, p. 114). The lack of culpability and extent afforded clinicians to conscientious object to performing terminations allows objectors to deny women, by recusing themselves from their professional and legal duties, the right to reproductive autonomy (Wicclair, 2000, p. 217). The spartan specialist services in Tasmania contribute to the restrictive services available, and the conscientious objectors in public hospitals in this state often refer patients to private surgeons that operate in religiously run private hospitals. On the rare occasion that private clinicians have operating rights in the public hospital, the operating theatre is often so overwhelmed by critical cases and is unable to cope with and further patients. Medical specialists, who receive governmental funding, as is the case of all medical officers in Launceston, must act in the public interest, not their own (Savulescu, 2006, p. 297).

Biography

Shannon Lovell Greene is a transgender registrar in obstetrics and gynecology in regional Australia with a special interest in law and ethics as it pertains to reproductive rights. He has completed BSc, BA, LLB, Master of Bioethics, MBBS and is currently studying MPH and Master of Forensic Medicine.