

Conscientious objection to any procedure doctor's right, say medical students

July 19 2011

Doctors should be allowed to object to any procedure that conflicts with their personal, moral, or religious beliefs, reveals a survey of medical students, published in the *Journal of Medical Ethics*.

Nearly half of respondents believed in the right of doctors to conscientiously object and refuse to treat a patient who wanted an abortion, contraceptive services, or who was drunk or high on drugs, or who wanted an intimate examination and was of the opposite sex.

This right was more frequently expressed among Muslim [medical students](#), the survey findings showed.

The author contacted 1437 medical students at medical schools in Cardiff, London, and Leeds, and asked them to complete an anonymous questionnaire to canvass their views on conscientious objection to medical practices in 2008.

The students were also asked about their [religious beliefs](#), their gender, [ethnic origin](#) and the type of medical degree they were taking.

In all, 733 responded, giving a response rate of 51%. One in three was male, and three out of four respondents were taking a five year degree.

Just under a third (30%) said they had no faith. And just over 17% said they were Protestant.

There were similar proportions - around one in 10 (just under 12%) - of atheists and Catholics. The remainder were made up of "other" (11.5%); Muslim (9%); Hindu (5%); Sikh, Buddhist, or Jewish (just over 1%). Two people classified themselves as Eastern Orthodox.

In response to the question: 'Do you think that doctors should be entitled to object to any procedure for which they have a moral, cultural or religious disagreement?' 45% said yes; 14% were unsure; 40% said no.

Three out of four Muslim students (76%) responded in the affirmative, as did over half of Jewish, Protestant and 'Other' students. The proportions of those with other faiths who said 'yes', ranged from 34% (Hindu) to 46% ([Catholics](#)).

When asked about 11 medical practices, which included abortion and treating patients who are drunk or high on drugs, students on the traditional five year course (21%) were more likely to raise objections than those on the four year course (3%).

Across the entire group of medical students, one in five objections were on religious grounds; almost half were on non-religious grounds, and around one in three were a mixture of both.

Muslim and Protestant students were the most likely to give religious reasons for their objection, followed by Catholic students. Jewish students were the least likely to object on these grounds.

Medical students were least willing to treat patients requesting an abortion. Muslim students were the most likely to object to all 11 practices.

"In light of increasing demand for abortions, these results may have implications for women's access to abortion services in the future. The

Department of Health has issued statistics showing that, although there are an increasing number of abortions taking place in the UK, fewer doctors are willing to perform them," writes the author.

She concludes: "Once qualified as doctors, if all these respondents acted on their conscience and refused to perform certain procedures, it may become impossible for conscientious objectors to be accommodated in medicine."

Provided by British Medical Journal

Citation: Conscientious objection to any procedure doctor's right, say medical students (2011, July 19) retrieved 3 May 2024 from

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