

Doctors' conscientious objection to abortion can affect women's health, study finds

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Some Victorian health professionals who conscientiously object to abortion are breaking the law by not referring patients to another

professional who doesn't object, new Victorian research has found.

Published in *BMC Medical Ethics*, the University of Melbourne-led study found that in some cases, women had abortions much later than necessary or had the baby, despite seeking a termination.

The paper, which involved Family Planning Victoria, the Royal Women's Hospital and Women's Health Victoria, reported on 19 qualitative interviews with Victorian abortion experts in 2015.

Under Section 8 of the Abortion Law Reform Act 2008 [health professionals](#) with a conscientious objection to abortion are obligated to refer women to another provider in the same [health](#) profession who does not object.

The researchers found:

- Most doctors would not let moral or religious beliefs impact on their patients, yet all [study participants](#) knew of some who did
- Doctors directly contravened the law by not referring women or by attempting to make women feel guilty, attempting to delay women's access or claiming an objection for reasons other than conscience
- Study participants were uncomfortable that whole institutions were allowed to conscientiously object to abortion
- These factors compromised access to care for some women
- Use or misuse of conscientious objection by Government telephone staff, pharmacists, institutions, and political groups was also reported.

Conscientious objection is only deemed ethical if it doesn't impose an unreasonable burden on the patient in terms of delay, distress or health consequences. Failure to comply with Section 8 may result in

professional misconduct charges by the relevant registering authority.

In Australia, an estimated 15 per cent of health care professionals are conscientious objectors.

Lead author Louise Keogh of the University of Melbourne School of Population and Global Health Centre for Health Equity, said while the number of conscientious objectors not meeting their obligations appeared to be small, the impact could be significant, particularly for women in rural and regional areas that were not well serviced.

"We have legal protections to ensure that women's access is not restricted due to a doctor's moral or ethical position, but this research suggests that in practice, they don't appear to be working," Associate Professor Keogh said.

"We need more information about the size and spread of the problem to determine whether education and guidelines can help. There are a number of guidelines already."

The study's participants included experts working for organisations that provided surgical and medical abortions. Many reported instances of Section 8 being contravened, and some working in rural areas said such actions were "common".

Associate Professor Keogh and her co-authors are calling for new guidelines in Victorian setting to clarify the limits of the clause, and potentially reduce disingenuous claims of conscientious objection.

"Further research should address policy approaches and professional and community education initiatives with the capacity to reduce barriers and improve timely access to [abortion](#) care," Associate Professor Keogh said.

More information: Louise Anne Keogh et al. Conscientious objection to abortion, the law and its implementation in Victoria, Australia: perspectives of abortion service providers, *BMC Medical Ethics* (2019). DOI: [10.1186/s12910-019-0346-1](https://doi.org/10.1186/s12910-019-0346-1)

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