

# Conscience Rules

- 1) **Conscience Rules:** Religious beliefs of the health care provider that conflict with the needs or requests of the patient.
- 2) **For example:**
  - a. A Catholic physician objects to prescribing birth control pills.

**NOTE:** The Catholic Church opposes any form of contraception, believing that God’s plan is for sexual intercourse to be procreative. Church teaching dictates that “Catholic health institutions may not promote or condone contraceptive practices” including birth control pills. Some Catholic physicians may object to prescribing contraception even if working at a non-Catholic health care institution. However, contraceptives such as birth control pills are considered permissible – for use or prescription – if their primary purpose is to be therapeutic and not to prevent pregnancy.<sup>1</sup>

**RECOMMENDATION:** Physicians should make timely and appropriate disclosures to supervisors of conscientious objections that may impact patient care so that a concrete plan can be developed in advance to address these situations. Religiosity is dynamic, and a practitioner’s religiosity may change over time. If a practitioner has a shift in religiosity that causes a new conscientious objection, the physician should inform his supervisor of this objection when appropriate. The most appropriate way to manage the situation will vary based on a variety of factors (the religious affiliation of the hospital, how often the physician is confronted with the situation, the patient population being served, etc.).

- b. A Sikh physician wears a full beard due to his religious beliefs, which conflicts with hospital policy regarding safety/hygiene.

**NOTE:** Sikhs wear five articles of faith, called the Five Ks. One of these is *kesh*, or uncut hair on any part of their body, which is mandatory for both men and women. Sikh men will therefore be likely to wear a full beard.

**RECOMMENDATION:** Look to find an alternative that will be acceptable to both the Sikh physician and the hospital’s safety and hygiene policies; for example, pulling back the beard in a way that is similar to how other employees may pull back long hair and/or wearing a special face mask that provides more coverage. Patient safety should be the hospital’s top priority; that being said, the hospital should try to find an appropriate accommodation.

**MORE INFORMATION:** pg. 130 of *The Medical Manual for Religio-Cultural Competence*

<sup>1</sup> United States Conference of Catholic Bishops. (2009). “Ethical and Religious Directives for Catholic Health Care Services, Fifth Addition.” Retrieved from <http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf>.

- c. A Jewish physician refuses to withdraw care from a patient on life-support due to his religious beliefs around protecting/prolonging life.

**NOTE:** Jewish law defines death as when the body is without breath or heartbeat for a period of time that makes resuscitation impossible. While some Jews will accept brain death as the moment of death, others, particularly Orthodox Jews, hold to the definition of death found in Jewish law. In addition, some Jews feel it is their duty to accept any treatment that is believed to extend life or holds the possibility of recovery. Jewish doctors may object to performing an act that might shorten a person's life.

**RECOMMENDATION:** If a physician, based on his religious beliefs, objects to withdrawing care from a patient on life support, he should immediately inform his supervisor so that care can be transferred to another physician. In general, physicians may agree not to perform a service but cannot prevent the patient from receiving the service elsewhere.

**MORE INFORMATION:** pg. 57-58 of *The Medical Manual for Religio-Cultural Competence*

**EXPANDED CASE STUDY:** [See next page](#)

## Supplementary Case Study

**The Case:** A 16-year-old girl is brought to the emergency room comatose after being in a car accident. Resuscitative measures are attempted. She is intubated, has a feeding tube inserted and nasal oxygen applied, and a respirator is used to support her breathing. She remains comatose for two days. On the third day, the physician receives a phone call from the hospital lawyer informing him that the family has obtained a court order to remove the respirator based on evidence of her previously expressed wishes not to die “hooked up to tubes and machines.” The physician, who is Jewish, explains that if he removes the respirator and the patient dies as a result, he will have committed an act of moral murder based on his religious beliefs about not performing acts that might shorten a person’s life.<sup>2</sup>

**Discussion Question:** As this physician’s supervisor, what course of action would you take to manage this situation?

### Recommendations:

- Keep in mind that patients are not the only ones whose religious beliefs may impact health care. Physicians and other health care providers may also have religious (or non-religious beliefs) that impact how they deliver health care.
- Physicians should be encouraged to disclose conscientious objections to their supervisors or colleagues in a timely and appropriate manner.
- Understand that conscientious objection does not include a right to proselytize. In general, a clinician may step away from a service, but may not step between a patient receiving that service elsewhere. A physician’s supervisor should seek to determine whether another hospital employee is available to perform this service.

**Outcome of Case:** The physician could not find anyone on the attending staff willing to disconnect the respirator. The hospital medical director found a neurologist willing to comply with the court order. When he disconnected the respirator, the patient began breathing on her own. Subsequently the feeding tube and intravenous tube were also removed after the family obtained court orders for their removal. The patient lived for 46 days without any nutrition or hydration until her heart and breathing stopped.

*Tanenbaum is a secular, non-sectarian nonprofit that systematically dismantles religious violence and hatred through Peacemakers in armed conflicts and by tackling religious bullying of students, harassment in workplaces and disparate health treatment for people based on their beliefs.*

*More information about Tanenbaum’s offerings can be found here: <https://tanenbaum.org/>*

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<sup>2</sup> Rosner, F. (2005). An observant Jewish physician working in a secular ethical society: Ethical dilemmas. *Israel Medical Association Journal*, 7, 53-57.