AUSTRALIAN CATHOLIC MEDICAL ASSOCIATION

Response to the AMA's Position Statement on Conscientious Objection[1]

The Australian Catholic Medical Association would like to applaud the AMA for continuing its unequivocal support and defence of the fundamental right of all medical practitioners to exercise their freedom of conscience, according to its latest Position Statement on Conscientious Objection.

We especially endorse the position that conscientious objectors should not be treated unfairly or discriminated against.

We also acknowledge and support some of the recommendations regarding the practical exercise of conscientious objection, in particular how patients should always be treated with dignity and their freedom respected, therefore access to legally sanctioned medical interventions should not be actively impeded.

We also agree that informing other health professionals, as well as relevant employers, should be done in a timely and respectful manner, when relevant and appropriate, in order to minimise unnecessary disruptions and avoid unnecessary burdens.

We are also grateful that the AMA acknowledges that in addition to individuals, healthcare institutions may also exercise the right to conscientious objection.

However, we do have some concerns regarding the AMA's Position Statement which include the following:

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[1] AMA Position Statement on Conscientious Objection: March 27th 2019
https://ama.com.au/media/ama-updated-advice-doctors-conscientious-objections

1. We consider the definition of Conscientious Objection in the AMA's Position Statement to be inadequate. It implies conscientious objection is merely a subjective position disconnected from accepted or 'appropriate' medical care. This misrepresents the true nature of 'conscience' by unfairly characterising the positions held by conscientious objectors.

Contrary to the AMA's definition, conscientious medical practitioners may object to various laws (such as refugee policies) and legally sanctioned medical interventions (such as abortion and euthanasia) not just because of 'personal belief or opinion' (irrespective of the firmness of that conviction), but because they consider such laws and interventions to be contrary to the truth of the human person and, therefore, contrary to good, ethical and authentic healthcare.

The faculty of conscience is not a private affair of preferences or whims, but a fundamental means for discerning objective truths.

The dictates of a well-formed conscience demand a response of integrity and authenticity regarding one's relationship to the nature of reality and objective moral truth; the alternative entails a rejection and a betrayal of one's fundamental identity which is founded in a coherent and comprehensive moral view of the world.

2. The AMA statement seems not to provide a clear expression or understanding of what constitutes moral culpability for conscientious medical professionals through co-operation and participation. A recommendation that doctors have NO obligation to facilitate or participate in the process of providing or accessing the intervention which is objectionable should have been stated more clearly. In particular, the AMA should have explicitly stated its previous objection to the mandated 'effective referrals' of the Victorian Abortion legislation of 2008 as an example of coercion of the consciences of medical professionals and the undermining the basic human rights of conscientious objectors.

3. We also regret the AMA's example and inclusion of the special status of abortion in the setting of conscientious objection. Its mention of the purported 'time critical' nature of abortion risks a misreading of tacit acknowledgement or approval of the medical fiction of 'Emergency Abortions' first referenced in the Victorian Abortion Legislation in 2008. We believe this strategy is a means of circumventing the rights of Conscientious Objectors and coercing all doctors to participate in the process of abortions.

4. We are also concerned about the potential problems that may ensue from the AMA's recommendations regarding institutional conscientious objection. Dictating the details for institutional action, such as 'clear signage outside care facilities', seems to go beyond the AMA's brief as an organisation representing doctors and advising them of their rights and responsibilities. In addition, in 3.2 of the AMA's statement it seems to advocate for doctors to act unilaterally against the ethos and values of their employers which may contravene the terms of their employee contracts. Such advice and recommendations we believe to be ill-advised, lacking nuance and restraint in such a potentially difficult area of institutional and workplace relations.

Your sincerely,

Dr Cate Crowley
Dr Mary Walsh
Dr Randy Juanta
Dr Luke McLindon
Dr Eamonn Mathieson
Dr Terrence Kent

Committee Members of the Australian Catholic Medical Association