

ASK AN ETHICIST

The limits of conscientious objection

by Blair Henry

CASE SITUATION:

We have just launched a policy on Do Not Resuscitate (and Advanced Directives) at our health authority. One of our pediatric physicians stated that he would not abide by the policy because of his culture. In his culture, he said that all children should be resuscitated. What are we to do about this? How can we handle it?

RESPONSE FROM BLAIR:

Tricky situation! There are two ways I want to handle this response: administratively, and then ethically. From an administrative position, most physicians work as self-employed contractors in hospitals. In order to do that, and under the Public Hospitals Act, they must be “credentialed” and approved

by the hospital’s Medical Advisory Committee (MAC) to practise in a specific setting. Credentialing involves the provision of privileges to a physician that will vary by the standing given to the specific physician. Some will be credentialed to Full Staff, Clinical Associate, Consultant, Courtesy Staff, etc. Part of the requirement of credentialed staff is the expectation that they will follow hospital policy. So, if this is hospital policy they need to adhere to it (or at a minimum pay serious attention to it). Seeking clarity from the hospital’s senior medical officer and/or the MAC may be required to answer your specific concerns.

On an ethical basis, I am surprised by the comments being made. I cannot imagine his statement of beliefs would apply to a case involving the care of a terminally ill child near death? Or

a 23-week-old born prematurely? I’d be very interested in knowing what cultural background supports this type of stance.

Doctors who refuse to provide certain treatments on religious or moral grounds must proceed carefully or risk going against human-rights laws. Professional societies generally support the prerogative of doctors to decline providing non-emergency treatment for moral or religious reasons. However, across the country the policies vary, particularly when it comes to whether physicians who refuse treatment have a duty to refer patients to another doctor.

Also, based on the issue of consent, if a clear No CPR order was on the chart, a physician proceeding with CPR in these circumstances may be open to charges of battery defined as unlawful touching.

End-of-life issues are most often ethically contentious, and the use of CPR at the end of life is particularly vexing. Good luck with your policy development and particularly this push back. I would love to hear how it gets resolved.

ABOUT THE AUTHOR



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