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What do we know about institutional objection to abortion? A review of the evidence

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What is a conscientious objection?

- a person engages in an act of conscientious objection when they **refuse to perform an action** because doing so is **against their conscience** (Wicclair 2011)
- conscience consists of your **core moral beliefs**
- important for **moral integrity** (Wicclair 2011)

What is institutional objection (IO)?

- when healthcare institutions **claim objector status** and **compel their employees to refuse** to provide **legally-permissible care**, such as abortion or voluntary assisted dying (Chavkin et al 2013)
- commonly claimed by religious hospitals

Is institutional objection morally justifiable?

Arguments for…	Arguments against…
• corporations (and by extension healthcare institutions) can possess the characteristics of morally responsible agents (Pettit 2007, Sulmasy 1997)	• hospitals are physical buildings not autonomous moral agents (Durland 2007)
• a health care institution may have an identity that is more than the sum of its individual parts (Sulmasy 1997)	• erodes the protection of the individual consciences of those employees whose moral stance differs from the institution (Durland 2007)

Why does institutional objection matter?

- US research: **pregnant people do not always anticipate or support differences in care** between Catholic and non-Catholic hospitals (Freedman et al 2018, Guiahi 2014)
- Consequences of IO **may be worse for abortion access than individual CO** (Fiala and Arthur 2014)
- International literature review needed

Methods

Mixed-methods literature review

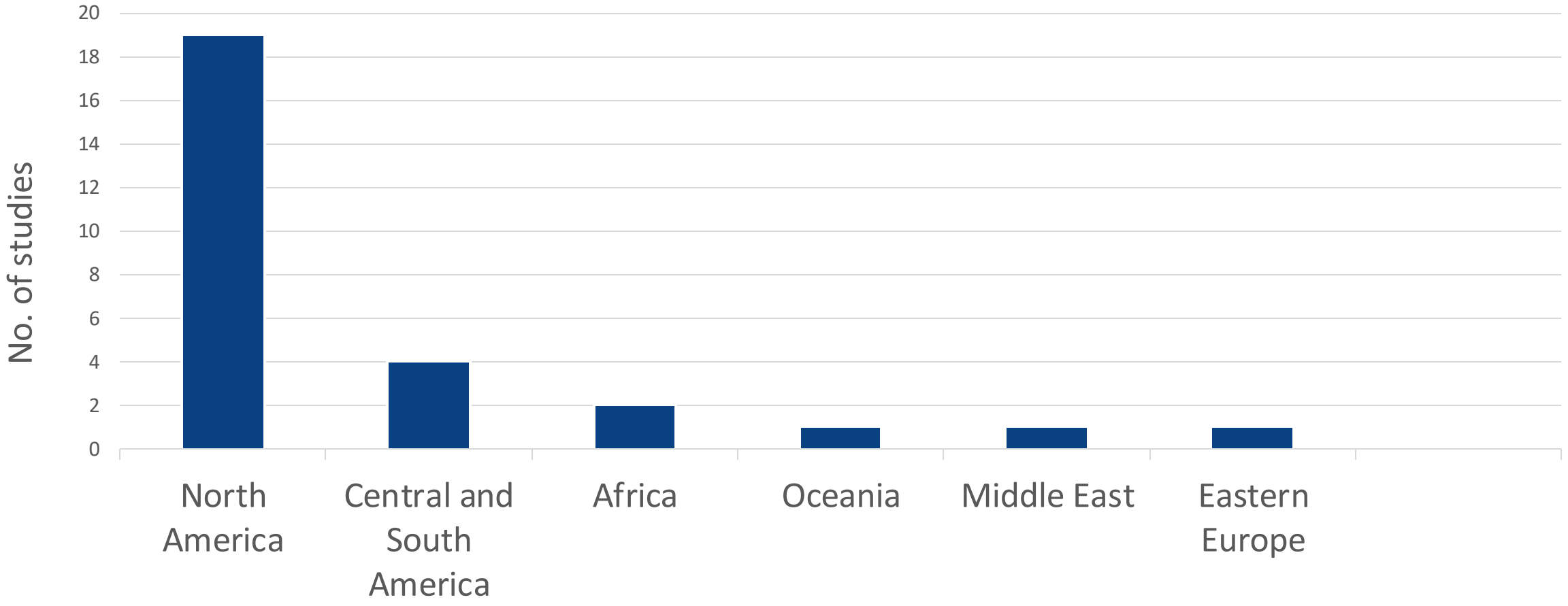
Searched MEDLINE, Embase, CINAHL, Global Health, ScienceDirect and Scopus

Studies published Jan 2000 - August 2021

Selection criteria

	Inclusion criteria	Exclusion criteria
Populations	Healthcare practitioners and student healthcare practitioners	Non healthcare practitioners (e.g. hospital chaplains)
Context	Abortion only or abortion included as part of family planning/reproductive healthcare	Reproductive health care or family planning that did not include abortion (e.g. studies specifically on contraception or reproductive assistive technologies)
Phenomenon	Institutional objection	Focuses solely on individual conscientious objection
Study types	Empirical primary qualitative, quantitative and mixed methods peer-reviewed journal articles	Letters, editorials, conference abstracts and posters, non-empirical research, systematic or literature reviews

Included studies (n=28)



Findings (US studies)

- Nationally representative survey (1,800 OBGYN):
  - working primarily in a Catholic institution was associated with a **decreased likelihood of abortion provision**
  - 37% of OBGYN working in religiously-affiliated facilities had **experienced conflict with the institution** about religiously-based policies (Stulberg 2011)

Findings (US studies)

- Nationally representative survey; 3,000 primary care physicians about pregnancy options, counselling and abortion referrals:
  - working at a Catholic institution was significantly associated with **lower odds of routine referral for abortion** (Holt 2017)

Findings (US studies)

- Examples of how IO affected clinical management of pregnancy complications and miscarriage (Foster 2011, Freedman 2008, Freedman 2010, Hasselbacher 2020, Marchin 2020):
  - **unable to use methotrexate**
  - needing to **ascertain non-viability of the fetus** before abortion
  - being **unable to provide tubal ligation** at the same time as managing ectopic pregnancy
  - **clinical decisions delayed or impeded** because approval needed from hospital ethics committee

Findings (US studies)

- Examples of issues associated with referral and/or transfer of patients to non-religious hospitals for abortions (Foster 2011, Freedman 2008, Freedman 2013, Hasselbacher 2020, Kimport 2016):
  - treatment **delays** & **lack of care continuity**
  - could be perceived as an **unnecessary "punishment"**
  - abortion **referrals could be impeded** by other hospital staff or requirement for ethics committee approval

Findings (Australian study)

- In Victoria, individual CO to abortion is explicitly protected by law, but IO is not
- 19 experts in abortion provision: **some reported concerns religious hospitals were claiming IO** (Keogh 2019)

Findings (other international studies)

- Evidence that state hospitals also engage in **de facto IO** (Mishtal 2009, O'Neill 2017)
- **Misuse of individual CO** clause to establish an ideological position against abortion provision (Ramon-Michel 2020, Mishtal 2009)
- New staff were **compelled to sign individual CO forms** before commencing employment (Favier 2018, Fink 2016, Ramon-Michel 2020)

Findings (other international studies)

- IO decisions do not necessarily reflect stakeholders' views

  - e.g. Chilean study: Catholic medical schools claiming IO, **IO not supported by students** (Biggs 2020)

Findings (other international studies)

- Lack of enforcement of IO regulations

"Several interviewees said that many facilities had become de facto institutional "objectors," and that the [Department of Health] "should actually go to the facility and reprimand the facility manager." However, one interviewee expressed doubt that the [Department of Health] had disciplinary purview over these recalcitrant facilities, and others described **little enforcement of measures that did exist**." (Favier 2018, p.42)

Limitations

- literature review not systematic review
- English language requirement - may have excluded some relevant studies published in other languages
- relied on authors' descriptions of the legal context (and this may have changed since publication)

Areas for further empirical research

- outcomes of institutional objection for pregnant people and health practitioners
- how decisions to claim IO are made
- the grounds for claiming an IO
- appropriate regulatory responses

Next steps

- 2022-2023: Interviews with Australian stakeholders about an optimal model of regulation for conscientious objection (including institutional objection) to abortion
- 2023-2024: Consensus forum of key stakeholders to determine the optimal model

Interested in finding out more?

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