

# Conscientious Objection in Nursing: Definition and Criteria for Acceptance

Many of the health care conscience-based refusals by health care professionals are in the controversial issues of sex/reproduction and death. Examples of the former morally controversial practices include abortion, sterilization, and provision of certain types of contraception and reproductive technologies. Examples of the latter category include euthanasia, physician-assisted suicide, withdrawal of life support measures, palliative sedation, foregoing medically provided nutrition and hydration, and organ donation after cardiac death. Other types of conscience-based objections that have been discussed recently are stem cell research and genetic testing. As other novel technologies or procedures are developed, more issues are likely to prompt ethics discussions. For the purpose of this article for medical-surgical nurses, the primary examples will be in the death arena.

This article will begin with accepted definitions of conscientious objection, including the definition in the *Code of Ethics for Nurses* (American Nurses Association [ANA], 2001). The author then will present an argument that, without this option of refusal, the moral integrity of nurses would be compromised. Some concerns about conscientious objection will be presented followed by criteria for the ethical acceptance of conscientious objection.

## Definition of Conscientious Objection

The definition of conscientious objection in health care involves the rejection of some action by a provider, primarily because the action would violate some deeply held moral or ethical value about right and wrong (Odell, Abhyankar, Malcom, & Rua, 2014). Within the nursing profession, this refers to the refusal by a nurse to execute an action or participate in a specific situation on the basis of conscience. Conscience claims three characteristics: an inner sense that distinguishes right acts from wrong actions, the internalization of parental and social norms, and a reflection of the integrity and wholeness of the person (Benjamin, 2004). Violating any of these characteristics would cause moral discord because it would threaten a person's integrity. When a person consults his or her conscious, it will only give one answer – do what you ought to do.

Respect for conscience is similar to the ethical principle of respect for persons. This “respect extends to oneself as well: the same duties that we owe to others we owe to ourselves” (ANA, 2001, p. 18). In summary, conscientious objections are based on an individual's maintenance of commitments to his or her core moral principles or beliefs (Wicclair, 2011). The importance of maintaining moral integrity is central to the argument for the right to conscientious objection.

## Moral Integrity Grounds the Right to Conscientious Objection

Having moral integrity means being faithful to deeply held religious or moral convictions. This willingness to live and act according to an internally consistent set of basic moral ideas is considered a desirable character trait (Magelssen, 2012). When individuals act contrary to these deeply held convictions, the link between principles and actions is severed. This self-betrayal could lead to loss of self-respect (e.g., “I could not live with myself if I did that.”). Therefore, refraining from participating in certain medical procedures can be regarded as an individual's effort to protect his or her moral integrity.

Choices have consequences for a person's moral character. The resulting moral distress from acting counter to what conscience dictates can lead to burnout, fatigue, and emotional exhaustion (Lachman, 2009; Meltzer & Huckabay, 2004). The moral choices of nursing professionals can lead to a lasting impact on patients and ourselves.

The *Code of Ethics for Nurses* (ANA, 2001) directly addresses the preservation of integrity in provision 5.4. “Nurses have a duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise” (p. 19). An organizational culture that has an open environment for moral discourse and an atmosphere of mutual respect supports the integrity of its employees and the organization.

When nurses are placed in situations that exceed acceptable moral limits or when a violation of moral standards of the profession occurs, they then can express conscientious objection to participation.

When a particular treatment, intervention, activity, or practice is morally objectionable to the nurse, whether intrinsically so or because it is inappropriate for the specific patient, or where it may jeopardize both patients and nursing practice, the nurse is justifi-

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fied in refusing to participate on moral grounds. (ANA, 2001, p. 20)

When possible, the nurse should communicate a refusal in advance so alternative arrangements can be made for patient care. The nurse has an obligation to not abandon the patient and to withdraw only after nursing care is available to the patient. Once a nurse has begun treating a patient, he or she is bound legally to continue until the patient has been reassigned to another nurse (Waller-Wise, 2005).

## Problems with Conscientious Objection

Distinguishing conscientious objection from false motivations, such as cowardice or dislike, as well as the possibility that some acts of conscience could be morally wrong, is difficult (Benjamin, 2004). Conscientious objections should not be based on self-interest, discrimination, or prejudice. Wicclair (2011) argued against conscience absolutism (situation always requires a refusal) because of the context-dependent nature of ethical issues in health care. For example, whether or not a burden or harm is excessive will be determined in part by the seriousness and urgency of a medical condition and the timely availability of other providers. Wicclair further argued that refusal is compatible with the practitioner's professional obligations only if it does not present an excessive obstruction to a patient's timely access to a service.

Nurses have a professional obligation to respect patient dignity, promote patient autonomy, and protect patients from harm. The *Code of Ethics for Nurses* (ANA, 2001) clearly indicates the excluded grounds for refusal are "personal preface, prejudice, convenience, or arbitrariness" (p. 20). Therefore, refusal based on self-interest is not considered conscientious objection.

## Criteria for the Acceptance of Conscientious Objection

Several authors have proposed criteria for acceptance of conscientious objection (Brock, 2008; Meyers & Woods, 1996; Wicclair, 2011). However, Magelssen (2012) presented the clearest set of criteria (see Figure 1). Examples from clinical nursing practice will be given to illustrate each criterion.

### Serious Violation of Deeply Held Conviction

The nurse has a deeply held conviction that participating in assisted suicide is wrong; therefore, he or she does not give a terminally ill patient the requested information on lethal dosage of a drug, but instead arranges for a palliative care consult.

### Plausible Rationale

On the basis of moral integrity, either religious or secular moral reasoning can be used as rationale. This secular morality should be considered on equal footing, though this presents a risk to stepping on the slippery slope (Edwards, 2010). However, regardless of their

**FIGURE 1.**  
**Criteria for the Acceptance of Conscientious Objection**

When the following criteria are met, conscientious objection ought to be accepted:

1. Providing health care would seriously damage the health professional's moral integrity by constituting a serious violation of deeply held conviction.
2. The objection has a plausible moral or religious rationale.
3. The treatment is not considered an essential part of health professional's work.
4. The burdens to the patient are acceptably small.
  - a. The patient's condition is not life threatening.
  - b. Refusal does not lead to the patient not getting the treatment, or to unacceptable delay or expenses.
  - c. Measures have been taken to reduce the burdens to the patient.
5. The burdens to colleagues and health care institutions are acceptably small.

In addition, the claim to conscientious objection is strengthened if:

6. The objection is founded in nursing's own values.
7. The medical procedure is new or of uncertain moral status.

**Source:** Adapted from Magelssen (2012).

source, centrally held values are integral to the individual's identity (Morton & Kirkwood, 2009).

In issues of euthanasia and assisted suicide, the nurse's rationale could be honoring the sanctity of life or the profession's prohibition against killing patients. The nurse's rationale for honoring the patient's advance directive (respect for dignity and autonomy of all humans) may require withdrawal of ventilator support. This deep respect for human dignity may require the nurse to object conscientiously to the violation of the patient's advance directive and refuse to participate in the insertion of a PEG tube.

### A Treatment Is Not Considered Essential to Your Work

Palliative sedation may be needed to relieve the suffering of terminally ill patients. It is unreasonable for a nurse to accept employment in a hospice or palliative care unit where such interventions are likely.

### Burdens to Patient

There remains some confusion about the perceived requirement to provide artificial hydration and nutrition to all patients who no longer can take food by mouth. The nurse, knowing the evidence-based protocol on artificial feedings for patients with severe dementia, may refuse to provide this medical treatment based on the ethical principle of nonmaleficence. Doing no harm is a fundamental professional standard, and to do harm could compromise the nurse's moral integrity seriously.

## Burdens to Colleagues and Health Care Institutions

Equitable distribution of the workload is crucial for nurse job satisfaction. Therefore, an unfair burden placed on a few colleagues is not a long-term strategy for resolution of staff refusal. An open discussion of patient care responsibilities often can lead to a redistribution of the workload.

## Nurse and Physician Values

"The nurse respects the worth, dignity and rights of all human beings irrespective of the nature of the health problem" (ANA, 2001, p. 7). Therefore, a nurse conscientiously objecting to caring for a patient with AIDS or alcoholism would be unacceptable to basic nursing values. "The nurse invoking conscientious objection has no objection to the person, but objects to the act the person wishes to have performed" (Edwards, 2010, p. 423).

Physicians have a right to choose their own patients as long as the patient is not a medical emergency. "When nurses refuse to provide treatment sanctioned by society, they are essentially stating society is acting immorally" (Olsen, 2007, p. 278). Honoring standards for conscience-based refusal by nurses will require acts of moral courage against an unfair authority. This authority could be disrespecting an advance directive, prolonging a patient's dying, or violating the importance of capacity in informed consent.

## New or Morally Uncertain Medical Procedure

As society pursues stem cell research, stem cell transplants may be used at some point in the future for patients with diabetes or cardiac disease. Many medical-surgical nurses entered the profession when such treatments were not possible in their specialty. Therefore, it is reasonable to give weight to conscientious objection in these circumstances. This proposed set of criteria is more detailed than any previous criteria. However, applying the criteria does not preclude the need for practical application in the specifics of each case.

## Conclusion

Conscientious objection is the refusal by a nurse to take part in some aspect of care for a patient on the basis of conscience (Waller-Wise, 2005). The core task for nurses when faced with some ethical choice is to maintain moral integrity. By living up to a personal moral code and ethical standards outlined in the *Code of Ethics for Nurses* (ANA, 2001), the nurse can avoid compromising integrity and creating resultant moral distress. By using the criteria outlined for conscientious objection, the nurse will know when conscientious objection is warranted. **MSN**

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