

To: Members of the President's Council on Bioethics

Response re:Conscience in the Practice of the Health Professions.

The Opinion of the ACOG Committee on Ethics: The Limits of Conscientious Refusal in Reproductive Medicine published in the November 2007 *Obstetrics and Gynecology* states that any physician whose conscience precludes providing services which the Committee has declared to be standard must refer said patient to a provider of said service.

This is objectionable on several grounds:

1. If a physician truly believes that participation in, for instance, abortion is always gravely wrong, said physician cannot be forced to become complicit in its provision by referring for it, without gravely violating his/her freedom to practice according to conscience.
2. If only physicians whose conscience does not revolt at the killing of the innocent unborn are the sole providers of reproductive health care, patients' choice of care givers will be so gravely constricted that many will choose to go without professional care rather than risk putting their lives in the hands of a physician who, being willing to kill their baby early on, may also be willing to let a term baby die if it appears to have a congenital defect or suffers from oxygen loss during delivery, thus preventing need for costly health care, and avoiding possible litigation. Many also ask for doctors who will respect their choice of natural methods of family planning, and there are far too few.
3. Who defines what is standard of care? In the last half century our specialty has shifted from restoring health or at least alleviating disease and preventing death whenever possible, to providing technical support for life style changes, some of which involve considerable short and long term risks to life and health. Fertility is not a disease, yet we have attacked it as if it were. When treating pathology the physician weighs the possible benefits against the possible risks. But there is no risk in possessing normal fertility, whose control can be managed easily with modern natural family planning methods. Examples abound of instances where drugs which risk long term pathology are prescribed or dispensed on demand. For instance in Los Angeles s contraceptive steroids were given to women of Mexican extraction even though it was known that they are likely to develop diabetes mellitus Type 2 within 15-20 years. Another instance is the common practice of treating PCOD (polycystic disease of the ovary) with contraceptive steroids when the underlying pathology 90+% of the time, is insulin insensitivity, which, untreated, will also lead to diabetes mellitus. This type of "standard practice" adds not only to the women's, but to the public's disease burdens and costs. In addition, the ready availability of contraception has increased sexually promiscuous behavior enormously, with concomitant increase in sexually transmitted diseases as well as unplanned pregnancies, many of which are then aborted. Doctor, in Latin, means teacher. Heedless provision of life style drugs is not good medicine. Physicians are not technicians. The fact that something can be done does not mean that it should be.

None of this is news to this Council, but it appears to be to our ACOG Committee on Ethics, and to those, like the Physicians for Reproductive Choice and Health, who have circulated alarmist literature claiming that the HHS regulations reaffirming the right of professionals to be free to practice in conformity to their conscience would reduce not only women's access to abortion but deprive them of medically accurate information. In fact, these regulations are badly needed to protect women's right to access to a physician of their choice

Hanna Klaus, M.D. F.A.C.O.G.(L)
Executive Director,
Natural Family Planning Center of Wash. D.C.
8514 Bradmoor Drive
Bethesda, MD 20817-3810
301-897-9323
hannaklaus@earthlink.net