

1 VERMONT MEDICAL SOCIETY RESOLUTION

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3 Clinician Conscience Objection and Ethical Care of Patients

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5 *As adopted at the VMS Annual Meeting on November 2, 2019*

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7 **RESOLVED**, that the VMS Policy on Physician Conscience be amended to read: The  
8 Vermont Medical Society recognizes that the provision of certain types of medical care  
9 or treatment can come in conflict with members' cultural values, ethics or religious  
10 beliefs. The Vermont Medical Society commits to protecting its members' (physicians,  
11 physician assistants, medical students) freedom to follow their own conscience in  
12 deciding whether to participate in providing care or treatment, consistent with the  
13 ethical norms of their professions, stated for physicians in AMA Code of Ethics Section  
14 1.1.7, found in its entirety below, including fidelity to patients, respect for patient self-  
15 determination, non-discrimination and informing the patient about all relevant options  
16 for treatment, including options to which the physician morally objects, and information  
17 regarding how to access such services.

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19 AMA Code of Medical Ethics Opinion 1.1.7

20 Physicians are expected to uphold the ethical norms of their profession, including fidelity  
21 to patients and respect for patient self-determination. Yet physicians are not defined  
22 solely by their profession. They are moral agents in their own right and, like their  
23 patients, are informed by and committed to diverse cultural, religious, and philosophical  
24 traditions and beliefs. For some physicians, their professional calling is imbued with their  
25 foundational beliefs as persons, and at times the expectation that physicians will put  
26 patients' needs and preferences first may be in tension with the need to sustain moral  
27 integrity and continuity across both personal and professional life.

28 Preserving opportunity for physicians to act (or to refrain from acting) in accordance  
29 with the dictates of conscience in their professional practice is important for preserving  
30 the integrity of the medical profession as well as the integrity of the individual physician,  
31 on which patients and the public rely. Thus physicians should have considerable latitude  
32 to practice in accord with well-considered, deeply held beliefs that are central to their  
33 self-identities.

34 Physicians' freedom to act according to conscience is not unlimited, however. Physicians  
35 are expected to provide care in emergencies, honor patients' informed decisions to refuse  
36 life-sustaining treatment, and respect basic civil liberties and not discriminate against  
37 individuals in deciding whether to enter into a professional relationship with a new  
38 patient.

39 In other circumstances, physicians may be able to act (or refrain from acting) in  
40 accordance with the dictates of their conscience without violating their professional  
41 obligations. Several factors impinge on the decision to act according to conscience.  
42 Physicians have stronger obligations to patients with whom they have a patient-physician  
43 relationship, especially one of long standing; when there is imminent risk of foreseeable  
44 harm to the patient or delay in access to treatment would significantly adversely affect  
45 the patient's physical or emotional well-being; and when the patient is not reasonably  
46 able to access needed treatment from another qualified physician.

47 In following conscience, physicians should:

48 (a) Thoughtfully consider whether and how significantly an action (or declining to act)  
49 will undermine the physician's personal integrity, create emotional or moral distress for  
50 the physician, or compromise the physician's ability to provide care for the individual and  
51 other patients.

52 (b) Before entering into a patient-physician relationship, make clear any specific  
53 interventions or services the physician cannot in good conscience provide because they  
54 are contrary to the physician's deeply held personal beliefs, focusing on interventions or  
55 services a patient might otherwise reasonably expect the practice to offer.

56 (c) Take care that their actions do not discriminate against or unduly burden individual  
57 patients or populations of patients and do not adversely affect patient or public trust.

58 (d) Be mindful of the burden their actions may place on fellow professionals.

59 (e) Uphold standards of informed consent and inform the patient about all relevant  
60 options for treatment, including options to which the physician morally objects.

61 (f) In general, physicians should refer a patient to another physician or institution to  
62 provide treatment the physician declines to offer. When a deeply held, well-considered  
63 personal belief leads a physician also to decline to refer, the physician should offer  
64 impartial guidance to patients about how to inform themselves regarding access to  
65 desired services.

66 (g) Continue to provide other ongoing care for the patient or formally terminate the  
67 patient-physician relationship in keeping with ethics guidance.

68 *AMA Principles of Medical Ethics, I, II, IV, VI, VIII, IX*