

Conscientious objection

Information for health practitioners and services that provide termination of pregnancy

What is conscientious objection?

Conscientious objection is when a registered healthcare practitioner refuses to provide, or participate in, a legal, legitimate treatment or procedure because it conflicts with their own personal beliefs, moral concerns and values.

The Termination of Pregnancy Act 2018 (the Act) recognises that healthcare providers have, and may exercise, the right to freedom of thought, conscience and religion, but seeks to balance this against the rights of women. Particularly the right to health, including reproductive health and autonomy.

When does conscientious objection apply?

Conscientious objection applies to registered healthcare practitioners who may be required to participate in a termination of pregnancy (ToP) procedure, for example, medical practitioners, anaesthetists, nurses, midwives, pharmacists or Aboriginal and Torres Strait Islander health practitioners.

Conscientious objection only applies to individual health care providers working in a facility, and not to whole facilities.

When does conscientious objection not apply?

The conscientious objection provision does not limit any duty owed by the registered health practitioner to provide a service (including performing or assisting in performing a termination) in an emergency.

The conscientious objection provision in the Act does not extend to administrative, managerial or other roles ancillary to the provision of clinical care.

Informing the client

There is a requirement in the Act for a registered healthcare practitioner to inform the woman of their conscientious objection status and refer the woman in a timely manner to alternate accessible and willing registered healthcare practitioners who can provide the required service.

Consequences of non-compliance

Non-compliance is subject to the same professional and legal consequences that apply to healthcare practitioners performing other medical procedures. Non-compliance with the conscientious objection provision may result in a complaint to the Office of the Health Ombudsman by the woman and/or any other person, such as a family member.

Healthcare services that enable access to termination of pregnancy services, require the following in relation to conscientious objection ¹:

Identifying and communication conscientious objection

All health care facilities must have in place a clearly defined and communicated process that will facilitate awareness and understanding of CO. These may include, but are not limited to:

Completed

Establish medical, nursing and midwifery clinical champions who will ensure that healthcare practitioners understand the conscientious objection provisions of the Act including their rights and obligations.	<input type="checkbox"/>
Support and enable healthcare practitioners to identify and formally document their objections and which (if any) components of clinical care they will provide.	<input type="checkbox"/>
Collect confidential information about: <ul style="list-style-type: none"> • which health care professionals are conscientious objections • the number of referrals of women to other services because of CO 	<input type="checkbox"/> <input type="checkbox"/>

Managing conscientious objection

All health care services should ensure access to safe and appropriate ToP services through direct local service provision or through well-developed referral processes and pathways to external services. This includes but is not limited to:

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Develop a contact list of service providers who will provide the service.	<input type="checkbox"/>
Establish a contract with a private provider to treat marginalised/disadvantaged women.	<input type="checkbox"/>
Develop a documented process for referring woman to a service that meets their clinical requirements, including providing access to PTSS as and when necessary.	<input type="checkbox"/>
Provide/establish access to telehealth consultations as and when required.	<input type="checkbox"/>
Provide information to women / families and referral to 13HEALTH and Non-Government Organisations as required.	<input type="checkbox"/>

¹ Chavkin W, Swerdlow L, Fifield J. Regulation of Conscientious Objection to Abortion: An International Comparative Multiple-Case Study. Health Hum Rights. 2017;19(1):55-68.