Dear WMA Members,

The Workgroup on the International Code of Medical Ethics (ICoME) considered some changes in the World Medical Association's ethical policy statements, through a revision of the current Code. A final draft of the International Code of Medical Ethics will apparently be discussed starting from May 28th and a provision will be debated in greater detail at the WMA's dedicated conference on the subject of conscientious objection later this year or in 2022.

In the name of an insubstantial "right to abortion", the right to conscientious objection for medical personnel has been under constant attack these last years, trying to impose a significant burden on health-providers. Indeed, several recommendations issued by the United Nations entities have already tried to significantly reduce this freedom of conscience by willing to impose an obligation of referral on health-providers. Yet, despite a lack of consensus among UN Member States, medical providers' fundamental rights have been protected so far.

However, faced with the increasing number of conscientious objectors in recent years, opposers to the right to life continuously seek to reduce the scope of this fundamental right. They aim at normalizing the practice of abortion and other non-therapeutic acts through their acceptance in medical ethics. Yet, such issues remain legitimately problematic as they challenge the principle of human dignity and the preservation of life, which are at the core of a physician's mission.

The European Centre for Law and Justice (ECLJ), a non-profit organization would like to analyse the proposal at stake on the basis of both the mission of the WMA and international law. The ECLJ is particularly concerned by the attempt of the World Medical Association to impose the obligation of referral for physicians[1] as an ethical norm and, therefore, prevailing over the protections granted by national legislations. We wish to urge the members to protect the fundamental purpose of medicine, as well as the necessary protection of the freedom of conscience of medical practitioners.

I. The scope of application of conscientious objection

1. The Hippocratic oath and the precedent of the Nuremberg trials

Almost 2500 years ago, Hippocrates of Cos, the "Father of Medicine" established around 440 B.C. his oath, which remains the most durable legacy in medical history. Almost every graduating medical student swears some form of this oath, which sets fundamental rules for medical ethics. Its original form translated

[1] *WMA - The World Medical Association-WMA International Code of Medical Ethics*. https://www.wma.net/wp-content/uploads/2021/04/ICoME-Apr2021_public-consultation-210427.docx

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into English stated among other things: "*if requested, I will not give someone a fatal medicine, nor will I counsel them to do so; similarly, I will not give a lady a pessary to induce an abortion*".[2]

The Hippocratic Oath's greatest value laid in its unwavering commitment to the preservation of every human life. It sets the standards for all medical professionals: their mission is to heal, to protect human life at every stage.

The role of physicians was crystallized during the Nuremberg Trials, on the heels of the end of World War II. The Doctor Trials, which examined the cases of physicians who were behind the most inhumane medical experimentations ever witnessed on those judged "*unworthy of life*", are rightly regarded as a major milestone in medical ethics.

The "Nuremberg Code", which encapsulates medical ethics, is heavily inspired by this historical oath. It was at that time that conscientious objection was recognized as a duty imposed on people who have received the order to collaborate in the making of severe crimes violating natural law.

It has been acknowledged that the conscience of the doctors directing them to "do no harm" was above national laws. A principle was set, that when faced with a profoundly unjust order which "*outraged the conscience of mankind*", following the expression of the Universal Declaration of Human Rights, the subordinate must refuse to obey, it is their duty as a member of humanity.

The Declaration of Geneva, issued by the WMA, which originated out of a post-World War II conference, was written to bring the Hippocratic Oath up to date. It stated: "*I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity*".[3]

In 1949, the World Medical Association published its first International Code of Medical Ethics in accordance with the previous Declaration. In this archived version, it established that "*a doctor must always bear in mind the obligation of preserving human life*".[4]

The current version of the International Code of Medical Ethics reads: "*a physician shall be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity. A physician shall always bear in mind the obligation to respect human life*".[5] In the revised draft these principles are combined: "*a physician must always provide medical treatment with the utmost respect for human dignity and life*".[6] In light of these texts, the principle remains and doctors who take this oath dedicate themselves to the preservation of human life, from conception onwards until the end of a person's life, as the original intent of the text cannot be negated.

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[2] *Hippocratic Oath*. Translated by Michael North, U.S. National Library of Medicine, 2002: https://www.nlm.nih.gov/hmd/greek/greek_oath.html
[3] General Assembly of The World Medical Association at Geneva, Switzerland, September 1948
[4] International Code of Medical Ethics, Adopted by the Third General Assembly of The World Medical Association London, England, October 1949
[5] *WMA - The World Medical Association-WMA International Code of Medical Ethics*. https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/
[6] *WMA - The World Medical Association-WMA International Code of Medical Ethics*. https://www.wma.net/wp-content/uploads/2021/04/ICoME-Apr2021_public-consultation-210427.docx

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As society evolved, practices once considered immoral, and that were therefore illegal, have been progressively tolerated and decriminalised. Physicians have been gradually allowed to perform acts that have no therapeutic purpose, threatening these foundational principles.

2. The development of non-therapeutic practices and the protection of conscientious objection in medicine

The issue of conscientious objection is more present than ever, particularly with the legalisation of practices like abortion, birth control, sterilisation, or euthanasia with no therapeutic purposes. They fall into a category of acts that allow for conscientious objection particularly for a physician who took the oath to heal and respect human life. Since their legalization, the guarantee and the acknowledgment of a conscience clause have always ensured every physician the utmost right not to take part in the act.[7] These clauses recognize the fact that such acts raise a moral issue and that objecting them is legitimate.

Most countries in the world explicitly guarantee the right to conscientious objection, under a "conscience clause" mentioned in their national legislation. It is the case in France, which along with the decriminalization of abortion in 1975, guaranteed that "*no doctor or midwife is ever forced to perform a voluntary interruption of pregnancy*"[8] along with the protection of the entire health professionals regarding the objection to participate in the act.[9] Similarly, in the United States, conscientious objection to abortion is also explicitly guaranteed: this right covers not only the refusal to perform[10] it, but also to finance it through taxes or health insurance.

On the issue of euthanasia, the WMA recently reaffirmed its long-standing position on this practice, in its 2019 declaration on euthanasia and physician-assisted suicide, guaranteeing that: "*no physician should be forced to participate in euthanasia or assisted suicide, nor should any physician be obliged to make referral decisions to this end*".[11] This provision clearly recognises the morally problematic question of euthanasia, which requires the possibility for a physician not to be forced to participate in any way to it.

However, the provision made in the draft aims at imposing an obligation of referral for a doctor in case of abortion; that would lead to two sets of standards, shaping in medical ethics an incoherent judgment on the value of life. This difference of treatment would suggest that ending the life of an unborn child would be acceptable, or even requested in the field of medicine and that a physician could have to participate in it, objection becoming obsolete. Consequently, a non-therapeutic act could be considered a medical service a doctor could be obliged to perform or participate in. Conscientious objection would not be legitimate anymore in this case. Thus, "objection" would be considered a refusal of treatment and could potentially expose medical staff to legal action.

If abortion comes to be considered a medical treatment, it means that the unborn child is the "illness" to be cured from. Medicine would consider that the life of the unborn child be not worthy of consideration; such a value judgement totally negates the severe consequences of abortion. They must not be underestimated, and

[7] ECLJ, United Nations - Human Rights Council Session 31 Geneva.
[8] Code de la santé publique, Article L162-8 : Section 1 : Interruption volontaire de la grossesse.
[9] *Ibid.*
[10] *Text of US protection of conscience laws-Illinois-Michigan*.
https://web.archive.org/web/20060407063932/http://www.consciencelaws.org/conscience-laws-usa/conscience-laws-usa-03.html.
[11] *WMA - The World Medical Association-WMA Declaration on Euthanasia and Physician-Assisted Suicide*.
https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/.

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the WMA should maintain a unique line of conduct, following its firm position on euthanasia, and recalling its mission as a protector of life from conception to natural death.

The right of conscientious objection

The International Covenant on Civil and Political Rights, which was drafted by the United Nations and came into force in 1976, provides the basis for conscientious objection in its Article 18 (1).[12] No derogation can be made to freedom of conscience, not even in case of a threat of public emergency that would jeopardize the existence of the nation (article 4).[13]

First, freedom of conscience protects the right for people to adhere or not to adhere to a belief, as an internal dimension. On the other hand, this freedom must guarantee the right for people to act "in accordance with the dictates of their own conscience"; to manifest one's beliefs[14]. This external dimension of freedom of conscience also implies the right not to be compelled to act against one's conscience.

The Human Rights Committee recognised: "*while the right to manifest one's religion or belief does not at such imply the right to refuse all obligations imposed by law, it provides certain protection consistent with article 18, paragraph 3, against being forced to act against genuinely-held religious belief*".[15]

Indeed, it was particularly acknowledged that being prevented from acting contrary to one's belief was fundamental particularly when the "*use [of] lethal force may seriously conflict with the freedom of conscience and the right to manifest one's religion or belief*".[16] Nowadays, it is obvious that the possibility of conscientious objection cannot be limited to military service.

As "services" resulting in death, such as abortion or euthanasia, are gradually tolerated by law, the right to conscientious objection is more required than ever. A recent European instrument has expressly recognised the right to conscientious objection, without limiting it to military service.[17]

If the law allows people to access these "services", an unreasonable obligation cannot be imposed on the medical staff. It is for the State to organize its health care system in a way that protects the freedom of conscience, while ensuring access to lawful services.[18] States should never compromise with the absolute application of a fundamental right when faced with services authorized by law.

A wide protection is regularly recognised to medical practitioners. For physicians, modern versions of ethical guidelines, consistent with the historical Oath, and issued by the International Federation of Gynaecologists and Obstetricians recall the right to conscientious objection for medical practitioners.[19]

The same issue can be raised regarding midwives, whose profession is described as aiming at "*improving the standard of care provided to women, babies and families*".[20] The International Code of Ethics for Midwives specifies that "*midwives may decide not to participate in activities for which they hold deep moral opposition; however, the emphasis on individual conscience should not deprive women of essential health services*".[21] Health infrastructures must guarantee the freedom of conscience while ensuring access to the services tolerated

[12] *OHCHR | International Covenant on Civil and Political Rights*. https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx
[13] *Ibid.*
[14] Helsinki Final Act, Principle VII.
[15] *Yoon and Choi v. Republic of Korea*, 3rd November 2006, § 8.3.
[16] General Comment 22 (1993).
[17] Charter of Fundamental Rights of the European Union, article 10.2.
[18] PACE Resolution 1928, 2010.
[19] Ethical Issues in Obstetrics and Gynaecology, October 2012, Ethical guidelines on conscientious objection
[20] International confederation of Midwives, International code of Ethics for Midwives, 2008 and reviewed in 2014.
[21] International Code of Ethics for Midwives Section III, c.

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by law. However, in no way should the exercise of these "services", far from the very nature of medicine, be imposed unto physicians or midwives.

A possible justification of the restriction on freedom of conscience, using the proportionality principle could only be accepted if States were balancing two fundamental rights, which is far from being the case here. Some of its promoters have tried to present abortion as a component of sexual and reproductive rights, justifying the restriction of conscience. However, this deduction cannot be reasonably founded, and on the contrary it has been specifically excluded.[22] Freedom of conscience must not be legally restricted to ensure a better access to services such as abortion, euthanasia…

An exception to the right to life

Abortion cannot be declared a human right. No treaty acknowledges abortion as a right. On the contrary, the United Nations Member States have committed to reducing the use of abortion. The report issued after the International Conference on Population and Development of 1994 in Cairo declared that: "*Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning*".[23] The text insists the fact that "*in no case should abortion be promoted as a method family planning*",[24] and thus that States should implement policies to help reduce the recourse to it.

This will to reduce the recourse to abortion proves that the right to life is superior to any derogation to it, even accepted by law. This exception to the right to life cannot prevail over an established fundamental human right embodied by freedom of conscience.

The European Court of Human Rights has never settled in favour of a specific "right to abortion" and on the contrary, does not exclude the possibility of the application of the right to life (article 2 European Convention on Human Rights) to the unborn child. The human dignity of the unborn child has been recognised by the Court,[25] which justified the prohibition of a project that led to their destruction.

Along its jurisprudence, the Court detailed that the Convention does not guarantee a right to endure abortion[26] nor a right to practice it,[27] nor even a right to contribute with impunity to its being practiced abroad.[28] As regards to the autonomy of the woman, whose respect is guaranteed by article 8 relating to the protection of private life, the Court repeated that this article "*cannot … be interpreted as conferring a right to abortion*".

There is no right to die

There is no recognition of a "right to die" under international law and no such right can be implied from the lecture of the Human Rights documents. On the contrary, several texts call on States to defend human life. For instance, article 6.1 of the International Covenant on Civil and Political Rights states that "*every human being*

[22] ECLJ, A new debate on abortion in the European Parliament, https://eclj.org/abortion/eu/un-nouveau-debat-sur-lavortement-au-parlement-europeen?lng=en
[23] Conférence du Caire, 1994 *7.24.* https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/icpd_en.pdf
[24] Cairo Declaration *8.25.* https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/icpd_en.pdf
[25] ECHR, *Oliver Brüstle v. Greenpeace*, October 18, 2011.
[26] ECHR, *Silva Monteiro Martins Ribeiro v Portugal*, October 26, 2004.
[27] ECHR, *Jean-Jacques Amy v. Belgium*, October 5, 1988.
[28] ECHR, *Jerzy Tokarczyk v. Poland* January 31, 2002.

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has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life".[29]

Also, article 6(1) of the Convention on the Rights of the Child declares that "*every child has the inherent right to life*"[30] and makes no mention of a right to death. Article 10 of the Convention on the Rights of Persons with Disabilities safeguards against, rather than recognizes, a right to death by stating, "*States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others*."[31]

Only four out of the United Nations' one hundred and ninety-three Members have allowed euthanasia (the Netherlands, Belgium, Luxembourg and Canada). The subject is still intensely disputed, although lawmakers in many jurisdictions have rejected it.

Affirming the law in force on the matter, the World Medical Association reiterated: "*its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide*".[32]

All in all, while conscientious objection is a fundamental right with a large scope of application in international law, abortion and euthanasia as well as other non-therapeutic practices are all exceptions to both the interdiction to kill and to the doctor's commitment to heal. Thus, these exceptions cannot restrict the scope of application of conscientious objection.

II. An illegal restriction of the right to conscientious objection

The right to conscientious objection is protected extensively. Indeed, it may be invoked by a large range of professionals such as doctors, midwives, nurses and therefore cannot focus only on the direct participation of the act. The cooperation to such an act at different levels is sufficient to trigger the protection of the actors' freedom of conscience.

One must acknowledge that the referral itself represents an intolerable act, contrary to the doctor's conscience that first brought him to refuse this very act.

Interference with the right to freedom of conscience can only legally concern its exterior manifestation but not the *internal forum*[33] itself. The integrity of conscience must be preserved "*as the unity between the intelligence and the will inherent to human nature.*"[34] In other words, to force someone to commit an act against their conscience is to force them to commit an evil affecting their *internal forum* itself. In the case of objecting physicians, forcing them to refer the patient to another colleague amounts to asking for their positive cooperation to the objected act.

[29] OHCHR, *International Covenant on Civil and Political Rights*.
[30] *Convention on the Rights of the Child*. https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.
[31] *Convention on the Rights of Persons with Disabilities (CRPD) | United Nations Enable*. United Nations Enable - Disability. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.
[32] https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/
[33] The right to conscientious objection is "inherent" to freedom of conscience – that is to say, it is entirely within the internal forum – (unlike external manifestations of belief which are a matter of external forum. Considered as a component of the internal forum, the right to conscientious objection cannot be limited, even in time of public emergency which threatens the life of the nation (art. 4.2 of the Covenant). This right to object is not a right to provide an alternative service, but a right not to be forced or punished for its refusal.
[34] Grégor Puppinck, *Objection de conscience et droits de l'homme*, Pierre Téqui éditeur, 2020.

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1. The referral compels the doctor in the same way as the performance of the act itself.

From an ethical point of view, one must not undermine the determinant collaboration that this obligation would impose on the doctor in the performance of an act that they chose not to perform themselves; there is an undeniable link between the referral and the final act. This would engage and violate the conscience of the doctor.

In order to evaluate the legitimacy of a conscientious objection, the European Court of Human Rights, in its case-law, insists on the necessity of "*the existence of a sufficiently close and direct link between the act and the belief that gave rise to it*".[35] For the objection to be taken seriously, the person must be morally committed by the action; therefore, the "*cooperation in the harm*"[36] must be appreciated through classical criteria.

For this collaboration to be acknowledged, there must be no doubt in the determined intention of the main actor.[37] In the case of a doctor who refuses to perform an abortion, the referral to another doctor implies with no doubt, the fulfilment of the requested act. Indeed, for the act to be performed, the referral is thus essential. Without it, there would be no abortion. With their collaboration, the doctor's action will make them directly engaged in the effective performance of the act. Thus, whether performing it themselves or referring the person to another physician because they object to the act, would lead the objecting doctor to collaborate directly with the act that is conscientiously reproved of.

The patient would therefore be sent to a doctor who surely performs the act previously refused, based on the duty of care. However, one doctor cannot presume with certainty the practice of another.

2. A cooperation violating the doctor's mission to preserve life

The obligation to refer puts the physician in an evident position of a positive cooperation to an act he objected to, not only making him act against his conscience but also, participating in the normalisation of non-therapeutic acts as part of medical care.

With the provision made in the draft version of the ICoME, physicians would have the ethical obligation to comply with any demand of the patient. Physicians would be forced to a positive cooperation regardless of their opinion. This is contrary to the statement made in the Declaration of Seoul on Professional autonomy and clinical independence that states that "*Professional autonomy and clinical independence describes the processes under which individual physicians have the freedom to exercise their professional judgment in the care and treatment of their patients without undue or inappropriate influence by outside parties or individuals*".[38]

Besides, this influence would contribute to the devaluation of medicine which should not aim to fulfil patients' self-motivated requests. Indeed, "*Medicine is highly complex. Through lengthy training and experience, physicians become medical experts weighing evidence to formulate advice to patients. Whereas patients have the right to self-determination, deciding within certain constraints which medical interventions they will undergo, they expect their physicians to be free to make clinically appropriate recommendations*".[39] Their

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[35] ECHR, *Eweida and others v. The United Kingdom*, §82.
[36] Grégor Puppinck, Objection de conscience et droits de l'homme, *op. cit*., p 126-127.
[37] Jacques Suaudeau, *L'objection de conscience. Son application dans le domaine de la santé*; online.
[38] WMA Declaration of Seoul on Professional Autonomy and Clinical Independence, *amended by the 69th WMA General Assembly, Reykjavik, Iceland, October 2018.*
[39] *Ibid*.

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expertise in a complex domain implies the freedom to decide alone on the best response for each patient. On the other hand, the patient must rely on the physician's judgement.

The only obligation for a physician is to "*perform the necessary procedures to save the woman's life and to prevent serious injury to her health*";[40] according to this superior duty, the decision to proceed with the best treatment may result in a miscarriage, however, in this case the first intention of the doctor was towards the mother's life and therefore, the necessity of a conscientious objection does not even come to mind.

The obligation of referral imposed by this draft contradicts the freedom of conscience possessed by both the doctor who would have to refer, and the doctor referred to. According to the aforementioned principle of physicians' independence the objecting doctor cannot presume of the practice of another doctor without risking to constitute an external influence in the decision to perform the conflicting act. As medicine progresses, the reality of abortion is better known and doctors must be able to choose not to perform abortions anymore, all the more as this act does not fall within the scope of their professional duties.

Promoters of a "right to abortion" or a "right to death" see in the growing use of the conscience clause by doctors an obstacle to practices exceptionally authorized by law. There is a will to overturn the balance between the fundamental freedom of conscience and the exceptions derived from a tolerance policy.

III. The reduction of the scope of conscientious objection: a Pandora box foreseeing abuses against fundamental rights and ethics

1. The removal of conscientious objection: an attack on human rights

a. A continuous aggression

The revised draft seems to be part of a global movement led by different "right to abortion" and "right to die" supporters. Throughout the years, conscientious objection has repeatedly been under attack at the national level of legislations, questioning the fulfilment of the States' primary mission to protect and guarantee fundamental rights.

Just a few months back, in February 2021, the conscience clause was threatened in France with a draft law seeking to remove it. In the case of abortion, this removal of the conscience clause would have meant the moral normalisation of abortion, making objection the exception.

More and more pressure is exerted from all sides with the aim to reduce the scope of application of conscientious objection. *Unconscionable: When Providers Deny Abortion Care*,[41] a 2018 report written by a group of 45 activists, medical practitioners, scholars, and attorneys from 22 countries, is another example of this pressure. The authors contend that the phrase "*conscientious objection*" is a euphemism that should be replaced with "*refusal to offer services*".[42] This would imply that the physicians could be prosecuted if they did not perform such an act, contradicting the inalienable character of freedom of conscience as well as their freedom to prescribe.

[40] WMA statement of medically indicated termination of pregnancy, 8.
[41] Truong, M., & Wood, S. Y. (2018). *Unconscionable: When Providers Deny Abortion Care*. https://iwhc.org/wp-content/uploads/2018/06/IWHC_CO_Report-Web_single_pg.pdf
[42] https://link.springer.com/article/10.1007/s10728-020-00419-5#ref-CR59

The attempts aiming at the reduction of the scope of conscientious objection grow bolder, eroding the general understanding of the freedom of conscience. This pressure exercised against the latter has led States on a slippery slope, forgetting their primary duty to protect human rights.

b. An illiberal measure

These different measures against conscientious objection negate the very principle of tolerance structuring liberal society. A liberal society is defined by the fact that two levels of morality coexist within it: a social level marked by mutual tolerance and a private level of intimacy. For example, members of parliament who are privately hostile to abortion have agreed to vote to decriminalise it in the name of tolerance. This moral duality is frequent; it is expressed every time a person declares that they do not want a practice for themselves, without opposing it for others. This is how practices that were once prohibited have been decriminalised and then turned into freedoms.

This principle of tolerance, which structures a liberal society, also requires, in order to be fair, that a person should not be forced to act against their own conscience. Indeed, if this contradictory duplication of morality is painless for the majority of people, it is not painless for the minority directly concerned by the practice in question; for, to take a concrete example, it is one thing to tolerate abortion, it is another to have to carry it out oneself. As mentioned above, the referral compels the doctor in the same way as the performance of the act itself.

For practitioners called upon to perform abortion, the two contradictory levels of morality meet and clash; this is not the case for MPs and ordinary voters. This is where the right of conscientious objection is placed, by which the liberal society organises the coexistence of the two levels of contradictory morality; the clause prevents the licence granted to some from being exercised at the expense of the freedom of others. The recognition of conscientious objection thus contributes to the fair functioning of liberal societies. Its suppression, on the other hand, marks a desire to impose a single common moral standard on all, at the expense of freedom of conscience and tolerance.[43]

2. What will the next step be?

The restrictions to conscientious objection are based on the idea that it would hamper the access to abortion in some countries. Italy is often cited as an example, as many physicians are registered as conscientious objectors, thus limiting abortion access at the local level.

Assuming that the provision of the revised draft of the ICoME be accepted as an ethic guide, but that access to abortion still be deemed insufficient in some parts of the world, what new restriction to the conscientious objection will be considered?

The scope of the freedom of conscience will be further eroded as conscientious objection could be restricted to only the physicians capable of performing acts such as abortion or euthanasia, leaving out the medical professionals assisting the procedure. Another option could be the restriction of the application of the conscientious objection to "therapeutic" or late-term abortions only. These possible alternatives are worrisome and question how much freedom of conscience will be cut back in the future in the name of practices that cannot be claimed as rights.

[43] *Supprimer la clause de conscience à l'avortement est illibéral - Valeurs actuelles*. Translation on: https://eclj.org/conscientious-objection/french-institutions/supprimer-la-clause-de-conscience-a-lavortement-est-illiberal?lng=en

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Considering the increasing number of conscientious objectors in the medical field throughout the world, these excesses regarding freedom of conscience and the will to reduce its scope prove the morally problematic nature of practices doctors object to.

If a State cannot effectively apply its law without violating the fundamental rights guaranteed to its citizens, then it is the law itself that should be reconsidered rather than the application of the fundamental right.

Finally, vis-à-vis the increasing numbers of conscientious objectors, the issue is not a matter of reducing the scope of the freedom of conscience through its acceptance in medical ethics, but one of responsibility of the States to ensure the continuity of patient care inasmuch as they legalised such practice.

This could be implemented through voluntary based lists of medical professionals willing to perform these acts, published at a State level. Information on specialized clinics could be made publicly available to individuals seeking abortion, without the forced implication of physicians known for being conscientious objectors. Official centralized sources of information for people seeking access to legal abortion services should be put in place by public hospitals.

For this purpose, the Council of Europe Commissioner for Human Rights in his submission of January 27, 2020 made recommendations to the Polish authorities regarding the cases where abortion services are legal in the country. Among them, the Commissioner considered the Polish authorities should "*monitor and make publicly available the number, the availability and geographical distribution of health professionals who are prepared to perform safe and legal abortion*".[44]

[44] *The Polish authorities need to take adequate measures to ensure access to lawful abortion*, Commissioner for Human Rights, https://www.coe.int/en/web/commissioner/-/the-polish-authorities-need-to-take-adequate-measures-to-ensure-access-to-lawful-abortion

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