

Study — 100% of patients who were denied care oppose “Conscientious Objection”

Belief-based care denial harms patients seeking reproductive care

Introduction

Healthcare providers in Canada are allowed by professional associations to deny services on the basis of their personal beliefs or conscience.

Regulations surrounding the denial of care vary by province. Policies of professional colleges and associations are often vague, leading to confusion. Enforcement mechanisms to address complaints are lacking.

Refusal to provide or refer for contraceptive or abortion care may have a considerable impact on patients. Research exploring Canadians’ experiences with belief-based denial of care is scant.

Key terms and definitions

Belief-based denial (aka “conscientious objection”): When a healthcare professional refuses to provide a legal, patient-requested medical service or treatment that falls within their scope of work and qualifications, based on their personal or religious beliefs.

The term originally referred to the principled objection to military service. But it may not apply to medicine in the same way as it does for the military. Due to this debate surrounding the term in medicine, we use the term “belief-based denial”.

If you’re a healthcare provider and you’re not willing to provide care to people then you shouldn’t be a healthcare provider, you should straight up lose your license...
If they’re concerned about their rights and freedoms, they should just do something else...we need to be vigilant against this steady creep that’s eroding our rights.
— **Emma, 28, Manitoba**

Methods

- ❖ Conducted in-depth audio-Zoom/telephone interviews between November 2022 to March 2023 in English in Alberta, New Brunswick, and Ontario (Canada)
- ❖ Employed a multi-modal recruitment strategy, including posts through community organizations and social media
- ❖ Participants had experienced refusal of contraception or abortion care in the ten years before the interview (2012-2023)
- ❖ 30 participants aged 21 to 53, most identified as white women
- ❖ Analyzed interviews for content and themes using deductive and inductive techniques

Results

- ❖ Out of 30 participants:
 - 20 reported being denied contraception (including sterilization, hormonal methods, IUDs, and emergency contraceptive pills)
 - 9 reported being denied abortion care
 - 1 reported being denied both contraception and abortion
- ❖ A range of reasons for denial were reported: age, parity, low gestational age, and religious belief
- ❖ Most denials indicated that providers’ personal biases and judgments about their patients played a role.
- ❖ Participants denied care felt angry, scared, disappointed, and frustrated.
- ❖ All participants expressed opposition to policies that allow providers to refuse reproductive health services based on their beliefs.

I wasn’t allowed to get the Gardasil vaccine...because of [the doctor’s] religious beliefs. Just the assumption that I wouldn’t be having sex before marriage so I wouldn’t need it...
I can’t get birth control from my doctor. I have to go somewhere else...”
— **Jo, 27, New Brunswick**

The nurse calls me over and she’s like, ‘oh just so you know, because this a Catholic hospital we don’t do that here’...
I said, okay that’s new to me because it is, as far as I know, a publicly funded hospital...so I was very frustrated that a hospital that provides healthcare is affiliated with a religion.
— **Ava, 32, Ontario**

I felt anger and frustration...that patients had their agency overridden by members of our healthcare system. It just made me more concerned and anxious...
I’m not sure why we have the system set up this way.
— **Anthony, 53, New Brunswick**

About the Study

Title: “Exploring Canadians’ experiences with belief-based denial of contraception and abortion care: Results from a qualitative study”

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Discussion

- ❖ Canadian federal government has repeatedly supported the provision of abortion and a full range of contraception.
- ❖ Provider denial creates barriers to accessing necessary health services.
- ❖ Reform of regulations allowing denial appears warranted, as well as better enforcement mechanisms.
- ❖ Sweden and Finland are two countries that successfully disallow belief-based care denial.

Conclusion

Allowing healthcare providers to deny care based on their personal beliefs creates barriers to accessing necessary health services. Policymakers and clinicians should consider:

- ❖ Reforming these regulations with attention to patient-centered outcomes that are informed by patient experiences
- ❖ Establishing avenues for patients to report violations of practice standards
- ❖ Creating enforcement mechanisms to ensure that Canadians receive the comprehensive reproductive health services they need and deserve.
- ❖ Discouraging the practice of belief-based care denial.

References — full list: <https://tinyurl.com/5n73243m>