OHSU HEALTHCARE

Policy # HC-RI-111-RR	Title: **Conscientious Objection**	
Effective Date: 3/25/2016	Category: Rights and Responsibilities	
Origination Date: 10/1996	Next Review Date: 3/25/2019	Pages 1 of 4

PURPOSE:

This policy addresses Conscientious Objections to participating in health care interventions and describes the review process for determining whether an objection will be honored.

PERSONS AFFECTED:

This policy applies to all OHSU Healthcare workforce members.

POLICY:

Patients may request legally available, medically recognized interventions and treatments, and OHSU informed consent standards prohibit intentionally preventing patients from obtaining information related to interventions that may benefit them. OHSU's ethics principles require HC workforce members to be respectful of patient decisions regarding their own care and to refrain from imposing their beliefs on their patients.

However, there may be personal, ethical, religious or other deeply held beliefs which influence practices associated with some interventions. OHSU is committed to creating an environment that permits staff to provide patient care according to their belief system without adverse actions, compromising patient care, or compromising OHSU's public responsibility to provide medically recognized care to all patients in an unbiased manner.

When an HC workforce member's beliefs prevent him/her from having Direct Involvement in an Intervention, the member is not required to be directly involved in such Intervention so long as the requirements set forth in this policy are met. Members with objections must provide medically appropriate patient care, including in life-threatening, emergent, or urgent situations, until an alternate member is available, and continue to care for that patient until transfer of care can be implemented. HC workforce members may not refuse Indirect Involvement in any Intervention. This policy does not pertain to involvement in Non-Beneficial Care.

In accordance with Oregon statutory requirements, alternative work arrangements in response to Conscientious Objections that apply to Direct Involvement in the following interventions **must** be honored:

- Providing care according to the provisions of the Oregon Death with Dignity Act;
- Withholding or withdrawing of life sustaining treatments, including artificial nutrition and hydration;
- Termination of a viable pregnancy; or,
- Writing or filling certain prescriptions for the specific interventions listed above.

DEFINITIONS:

1. Conscientious Objection: The refusal to provide or assist in providing a legally available, medically recognized intervention or treatment within the scope of an HC workforce member's professional practice because providing it would be contrary to his/her personal beliefs.

2. Direct Involvement**:** An intervention or activity that has an immediate effect on the treatment of a condition, without intervening factors or considerations. Direct Involvement does not include activities such as: monitoring, testing, assessments, counseling, teaching, implementing a care plan, and other related activities which support the treatment of a condition.
3. Indirect Involvement: Supporting and/or secondary involvement in the treatment of a condition that does not constitute Direct Involvement. Indirect Involvement includes but is not limited to**:**
   a. Provision of care prior to the initiation of an intervention, including but not limited to, basic admission procedures, preparation of the operating room or similar facility, provision of ancillary services in preparation for admission, and similar preparatory services;
   b. Provision of follow-up care, pain medication, or other post-intervention care that is otherwise medically indicated for the care and/or comfort of the patient;
   c. Providing information or educational materials related to an intervention, including but not limited to, referring a patient (or a patient's surrogate decision-maker when a patient lacks capacity) who requests an intervention or information about it to other persons who will either provide the intervention or facilitate appropriate referral so long as there is no undue delay or impediment to receiving the intervention. Clinical department chairs (or their designees) are responsible for implementing processes for this referral mechanism.
   d. Palliative care, pain control, or other care or treatment that is medically appropriate after a patient has received one of the interventions from another member of staff.
4. Intervention**:** A legally available, medically recognized intervention or treatment.
5. Legally Available**:** Any intervention that may be provided under federal and/or state statute.
6. Medically Recognized**:** Any intervention that is commonly provided, taught, or approved in standard health care practice and that is not otherwise experimental.
7. Non-Beneficial Care**:** Clinical care in which, to a reasonable degree of medical certitude, based on the patient's current clinical circumstances, the proposed intervention(s) will not achieve its biomedical goal or will cause the patient to experience continual or repeated need for the intervention over a very short period of time before death.

RESPONSIBILITIES:

It is the responsibility of all members of a patient's care team to understand issues of Conscientious Objection described in this policy and to comply with the policy.

PROCEDURES:

Each clinical department or service is responsible for instituting the procedure below to ensure ongoing provision of patient care needs while honoring personal beliefs involved in conscientious objections.

1. Conscientiously Objecting to Intervention(s)
   a. Notify Supervisor or Department Chair **in writing** of Conscientious Objection and desire to withdraw from Direct Involvement in an intervention.
      i. NOTE: Whenever possible, Supervisors/Department Chairs must be advised of such Conscientious Objection in advance of a situation arising wherein the intervention is to be provided.
   b. Participate in patient care until a plan of action for alternative staffing can be implemented. When a patient requests or expresses interest in an intervention to which there is a conscientious objection to Direct Involvement, the objector must:
      i. Meet all legal, ethical and OHSU policy requirements regarding patient education and informed consent.
      ii. Advise the patient that he/she does not directly participate in the intervention and assure the patient that the hospital will assign other persons who will either provide the intervention or facilitate appropriate referral, following the procedure implemented by the clinical department

chair or his/her designee. **This process must not create undue delay, inconvenience, or impediment to receiving requested services for the patient.**

iii. Continue to provide routine patient care, including appropriate provision of emergent, urgent, and/or comfort care to relieve pain and suffering, until an alternate member of staff is available, and continue to care for that patient until transfer of care can be arranged. Cooperation of the objector in the transfer of care is required. This includes making the objector's supervisor aware of the objection as early as possible so that transfer of care may be efficiently accomplished.

iv. Respect patient confidentiality and privacy at all times.

c. NOTE: Staff involvement in the provision of non-beneficial care must follow the resolution guidance provided in the policy, "Initiation, Continuation or Withdrawal Of Life-sustaining Treatments when there are Conflicts Among Health Care Professionals & Patients/surrogates."

2. Supervisor or Department Chair

a. A Supervisor or Department Chair who is advised of a conscientious objection to Direct Involvement in an Intervention, must expeditiously:

i. Review the objection to determine whether all of the following criteria are met:

1. The activities related to that patient constitutes Direct Involvement in the intervention;
2. It will not create undue hardships for other providers or the institution by considering the following factors:
    a. Whether the request violates law and/or OHSU policies
    b. Number of patients involved
    c. Timely access to medical services or information to the patient or surrogate
    d. Number of providers available
    e. Management of workloads
    f. OHSU's ability to provide objective and comprehensive medical care
3. NOTE: See the policy statement for specific interventions that must be accommodated under Oregon law.

ii. Provide appropriate accommodations, which includes determining a plan of action to address how services of the department will continue and patient care needs will be met including alternative assignment for the employee who conscientiously objects to Direct Involvement in a specific intervention.

iii. Inform those impacted by the plan of action and set time line for implementation.

iv. Implement plan of action.

v. Debrief with Administrative and Management Team to assess long-term impact on patient care services.

b. When a Conscientious Objection does not meet the criteria listed in section a.i.1-3 above, the Supervisor or Department Chair shall notify the objector in writing citing the specific criteria not met with an explanation.

i. Referrals to the process for reviewing requests for religious accommodation through the Affirmative Action and Equal Opportunity (AAEO) department may also be made.

ii. Refer objections to non-beneficial care of a patient needing or receiving life sustaining treatment when there is conflict among the health care team and the patient or patient surrogate to the conflict resolution process in policy HC-RI-119-POL.

3. Communication, Documentation, and Confidentiality

a. Attending physicians will ensure that the written/electronic patient record completely and accurately discloses all interventions that have been delivered.

b. HC workforce members who have Direct Involvement in the provision of care for a patient and who rely on other members and support staff for post intervention care for that patient must clearly and completely communicate with other members involved in the patient's care. This communication must be entirely transparent in the explanations of the interventions previously provided to the patient and must completely

and accurately document these prior interventions. Failure to be completely transparent in detailing the care provided to the patient and the care plan will be referred to the Professional Board for appropriate action. Similarly, failure to maintain patient confidentiality and privacy will be referred to the Integrity Office or manager for appropriate action and may be cause for termination of employment at OHSU.

4. Appeals
    a. The OHSU Healthcare Chief Medical Officer is responsible for addressing any disputes arising from compliance with this policy.

RELEVANT REFERENCES:

- AAEO Request for Reasonable Religious Accommodation Form
- Do Not Resuscitate, Physician Orders for Life-Sustaining Treatment & End-Of-Life Decision-Making Policy No. HC-RI-104-RR
- Informed Consent Policy No. HC-RI-102-RR
- Initiation, Continuation or Withdrawal Of Life-sustaining Treatments when there are Conflicts Among Health Care Professionals and Patients/surrogates Policy No. HC-RI-119-POL
- OHSU Equal Opportunity Policy No. 03-05-030
- OHSU Religious Exercise and Religious Expression in the Workplace and Educational Environment Policy No. 03-05-037
- ORS 127.885: Death with Dignity Act: Immunities; basis for prohibiting health care providers from participation; notification; permissible sanctions.
- ORS 435.485: Medical personnel not required to participate in termination of pregnancy
- ORS 127.625: Providers under no duty to participate in withdrawal or withholding of certain health care

TITLE, POLICY OWNER:

OHSU Institutional Ethics Committee

APPROVING COMMITTEE(S):

OHSU Institutional Ethics Committee

FINAL APPROVAL:

OHSU Healthcare Administrative Team

Supersedes: 10/1996; 12/14/2000 (R&R XI.T/Adm 1.37); 4/28/2003; 9/30/2005; 8/30/2006; 6/2010; 11/2013; 3/2016;