Christian Medical & Dental Associations®
Changing Hearts in Healthcare

March 6, 2023

Via Federal eRulemaking Portal

Secretary Xavier Becerra
U.S. Department of Health and Human Services, Office for Civil Rights
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue S.W.
Washington, DC 20201

Re: The Christian Medical & Dental Associations Comment *opposing* the Notice of Proposed Rule 2023 titled "Safeguarding the Rights of Conscience as Protected by Federal Statutes" A rescission of the 2019 Conscience Rule – RIN 0945-AA18

Dear Secretary Becerra:

The Christian Medical & Dental Associations® (CMDA) founded in1931is the largest Christian membership organization comprised of healthcare professionals serving throughout the United States and overseas. We provide programs and services supporting its mission to "change hearts in healthcare." CMDA promotes positions and addresses policies on healthcare issues, and advocates on behalf of its members. We educate our membership on current issues of the day from a federal and state perspective. We coordinate with our network of Christian healthcare professionals for fellowship and professional growth; and we sponsor student ministries in medical and dental schools across the country. Our members provide excellent care for all patients from everything from cancer to the common cold.

Our overseas work is also far-reaching. We conduct short-term missions' trips to medically underserved regions of the world and provide healthcare composed of medical, dental, and surgical teams. In addition, our overseas focus includes our Medical Education International (MEI) program. This short-term missions' program provides academic teaching and clinical training upon requests from governments, healthcare professional training institutions, and hospitals while building relationships with local colleagues. We strive to model compassion and care to those in need. MEI serves primarily in low-and middle-income countries.

We respectfully submit comments to the Notice of Proposed Rulemaking (NPRM) titled "Safeguarding the Rights of Conscience Protected by Federal Statutes". We are **in opposition** to the extensive revisions of the regulation and strongly urge the Department not to finalize this NPRM. We feel this action will greatly diminish the conscience protections of medical professionals of faith and conscience.

Conscience Protections

American healthcare professionals have enjoyed a long history of conscience protections and religious liberty guaranteed by the constitution and by federal law. These laws provide protection for healthcare professionals whose conscience precludes them from participating in activities such as abortion, other sterilization procedures, physician assisted suicide, or other practices that may violate their conscience or best medical judgment. These practices go against the fundamental tenets of "Do No Harm" in the Traditional Hippocratic Oath. The U.S. Department of Health and Human Services has had the responsibility of enforcing a host of conscience laws. The following amendments are displayed on the HHS website that directly relate to conscience protections and religious freedom of healthcare professionals, institutions, and insurance providers:

The Church Amendments – The conscience provisions contained in 42 U.S.C. § 300a-7 et seq. - PDF, collectively known as the "Church Amendments," were enacted in the 1970s to protect the conscience rights of individuals and entities that object to performing or assisting in the performance of abortion or sterilization procedures if doing so would be contrary to the provider's religious beliefs or moral convictions. This provision also extends protections to personnel decisions and prohibits any entity that receives a grant, contract, loan, or loan guarantee under certain Department-implemented statutes from discriminating in employment against any physician or other health care personnel because the individual either performed or assisted in the performance of a lawful abortion or refused to perform or to assist in the performance of an abortion against the individual's religious beliefs or moral convictions.

The Coats-Snowe Amendment (also called the Public Health Service Act, 42 U.S.C. § 238n) – Enacted in 1996, section 245, contained in 42 U.S.C. § 238n - PDF, prohibits the federal government and any state or local government receiving federal financial assistance from discriminating against any health care entity on the basis that the entity: 1) refuses to undergo training in the performance of induced abortions, to require or provide such training, to perform such abortions, or to provide referrals for such training or such abortions; 2) refuses to make arrangements for such activities; or 3) attends (or attended) a post-graduate physician training program, or any other program of training in the health professions, that does not (or did not) perform induced abortions or require, provide, or refer for training in the performance of induced abortions, or make arrangements for the provision of such training.

The Weldon Amendment - PDF was originally passed as part of the HHS appropriation and has been readopted (or incorporated by reference) in each subsequent HHS appropriations act since 2005. It provides that "[n]one of the funds made available in this Act [making appropriations for the Departments of Labor, Health and Human Services, and Education] may be made available to a Federal agency or program, or to a state or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions." It also defines "health care entity" to include "an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan."

Along with the responsibility of HHS to uphold and enforce the conscience related amendments above, is the duty of the agency regarding Private Right of Action. The courts hold that healthcare professionals do not have an "implied private right of action" in certain conscience protection laws, meaning they cannot file a lawsuit to enforce their own rights; it then becomes the responsibility of the Office of Civil Rights (OCR) at HHS to protect these individuals' conscience freedoms. This is a weighty responsibility of the Department, and medical professionals should expect that the Department will fully support and advocate for them to the full extent of the law.

As of late, the Department is seemingly **not** demonstrating a robust defense of conscience concerns and violations. A case in point is a nurse from the University of Vermont Medical Center (UVMMC) who alleged in 2018 that she and other employees suffered discrimination and violations of their conscience rights under federal law and were pressured to participate in abortion procedures. The HHS Office of Civil Rights (OCR) responded in August 2019 with a finding that a violation had indeed occurred. Administrations changed, and OCR followed up with an additional letter in July 2021, withdrawing its August 28, 2019, notice of violation. As stated in an article in The Federalist, "the Biden administration quietly dismissed the case without any settlement, agreement, or compensation for the nurse. Because federal conscience protection laws do not provide a private right of action, she cannot sue on her own and the violating hospital has been let off with impunity".

Conscience Regulations

There have been three iterations of conscience regulations. In December of 2008 the Bush Administration issued its conscience regulation. The HHS Office for Civil Rights was designated to receive and investigate complaints against these statutes. However, within just a few months of the new Obama Administration taking office, their efforts to overturn this new regulation and leave the statutes without a precise enforcement mechanism began in earnest. These efforts culminated in issuing their 2011 Rule, essentially removing the vast majority of the protections put into place by the Bush administration.

The Trump administration sought to restore those protections and even strengthened them in its 2019 Conscience Rule. The Trump HHS Office for Civil Rights initiated legal proceedings against the discriminatory actions of California, but the election results prevented any conclusion to that legal battle. Now the Biden administration has issued its revision to the Trump Conscience Rule, seeking to roll back the protections in the 2019 rule, returning to the nebulous and ineffectual language of the 2011 Obama rule.

Though the 2019 Rule doesn't require employers to provide their employees with notice of their rights under federal conscience protection laws, the 2023 NPRM proposes two important changes. First, it would remove the regulation stating that "OCR will consider an entity's voluntary posting of a notice of nondiscrimination as non-dispositive evidence of compliance." Second, it would alter the text to merely name the pertinent laws rather than include clear language from the 2019 Rule model notice explaining what protections and rights the laws provide, such as "prohibiting exclusion, adverse treatment, coercion, or other discrimination against individuals or entities on the basis of their religious beliefs or moral convictions" and that individuals "may have the right under Federal law to decline to perform, assist in the

performance of, refer for, undergo, or pay for certain healthcare-related treatments, research, or services (such as abortion or assisted suicide, among others) that violate your conscience, religious beliefs, or moral convictions."

Without clear language within HHS regulation regarding how these federal statutes are defined, investigated, and enforced, they will continue to exist in name only. Also, weakening and or eliminating enforcement mechanisms will put medical professionals of conscience at great risk of being coerced into participating, or performing activities that will violate their conscience and best medical judgement.

The NPRM is proposing to "partially rescind" the 2019 Trump-era rule while maintaining "the framework from the 2011 rule. We commend the Department in proposing to retain some of the provisions of this rule including: (1) the application to the Church Amendments, the Weldon Amendment, and the Coats-Snowe Amendment; (2) several enforcement provisions; and (3) a voluntary notice provision. HHS proposes to expand the category of "federal healthcare provider conscience protection statutes" covered by the Proposed Rule and maintains the Office for Civil Rights ("OCR") as the centralized HHS office for receiving and investigating complaints under these provisions. The Proposed Rule would retain the 2019 Final Rule's complaint handling and investigation provisions and its voluntary notice provisions with some modifications and provide a model notice for the recipients to use and tailor to their particular circumstances.[1]

The HHS press release announcing the NPRM states that "the proposed changes would increase access to care and prevent discrimination" and, "The proposed rule strengthens protections for people with religious or moral objections while also ensuring access to care for all in keeping with the law." The text of the NPRM states, "The Federal health conscience protection and nondiscrimination statutes represent Congress' attempt to strike a careful balance. Some doctors, nurses, and hospitals, for example, object for religious or moral reasons to providing or referring for abortions or assisted suicide, among other procedures. Respecting such objections honors liberty and human dignity. It also redounds to the benefit of the medical profession. Patients also have autonomy, rights, and moral and religious convictions. And they have health needs, sometimes urgent ones. Our health care systems must effectively deliver services—including safe legal abortions—to all who need them in order to protect patient's health and dignity".[2]

Balancing Test

The statutory Rights of Conscience are not subject to a "balancing test" as stated in the 88 Federal Register page 820. The 2023 NPRM states that a return to the 2011 Rule is needed "because the 2019 Rule undermines the *balance* Congress struck between safeguarding conscience rights and protecting access to health care."

We disagree because the federal conscience rights protected by the congressional statutes in the 2023 NPRM Proposed Rule 88.1 are not conditional. They are not to be "balanced" against and therefore lessened by competing interests. A balancing test is contrary to the text of the statues are clearly stated in the **Church Amendments**, the **Coats-Snowe Amendment**, and the **Weldon**

[1] https://www.natlawreview.com/article/hhs-issues-proposed-rule-to-provide-clarity-rights-conscience-healthcare
[2] https://www.federalregister.gov/documents/2023/01/05/2022-28505/safeguarding-the-rights-of-conscience-as-protected-by-federal-statutes

Amendment (included at the beginning of this document). The text of each statute states a categorical right—not a balancing test. The statements of needing to balance are contradictory and disingenuous and are not holding to common sense. Congress has already struck the balance with the dozens of laws passed that guarantee the rights of conscience.
The NPRM clearly states that "health care systems must effectively deliver services—including safe legal abortions—to all who need them in order to protect patients' health and dignity." This proposed rule conflicts with the pro-life conscience protections passed by Congress decades ago and puts into question the commitment of the Department in protecting conscience rights of healthcare professionals.

Conclusion

Healthcare professionals with religious or moral objections often face discrimination. It is common that medical students or other health care professionals face discrimination for declining to participate in procedures to which they have moral or religious objections. If professionals feel coerced in the workplace, it will likely deter people of faith from entering the medical profession if they are fearful that their ability to practice medicine according to their conscience is not protected.

If this NPRM proceeds as proposed, healthcare professionals of faith will not be assured protections to practice medicine conscientiously, as they may feel forced to perform procedures or prescribe medications that violate their deeply held religious beliefs and moral convictions. This will result in decreased access to healthcare professionals, services, and facilities for patients in low-income and rural areas. A very real risk of worsening the maternal health crisis due to declining access to care if healthcare professionals are forced out of medicine if their ability to practice conscientious medicine is not upheld.

Another potential result if this NPRM proceeds is a significant decrease in access to healthcare for the poor and medically underserved populations. In the survey commissioned by CMDA, three in five (62%) of those surveyed are "currently involved in **serving poor and medically underserved populations**, either domestically or overseas. "Nearly **three in five** (58%) are "involved in **serving patients on a volunteer or pro-bono basis** in the past 3 years."

We are surprised and somewhat puzzled that the U.S. Department of Health and Human Services would attempt to rescind the protections currently afforded to healthcare professionals of faith. The potential recission of this rule seems to counter The First Amendment which sought to protect religious belief and practice from heavy-handed intervention by allowing people to follow their conscience and their organizations to follow their religious and ethical values. Polling of our membership supports that this rule is a necessity and ensures that medical professionals are not coerced by government to violate their deeply held religious convictions. Enforcing conscience protections safeguards patient access to healthcare--by stemming a potential forced exodus from medicine by faith-based and pro-life professionals and organizations. Our survey of faith-based health professionals from August 2019 provides hard data that documents this point, as well as the following testimonies of CMDA membership.

Thank you.

Sincerely,
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Appendix A

Basis for Conscience Freedom

America's founding documents confirm the biblical assertion of freedom of conscience, asserting conscience as a fundamental human right.

a. "We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the Pursuit of Happiness -- That to secure these Rights, Governments are instituted among Men, deriving their just Powers from the Consent of the Governed, that whenever any Form of Government becomes destructive of these Ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its Foundation on such Principles, and organizing its Powers in such Form, as to them shall seem most likely to affect their Safety and Happiness.
b. "Congress shall make no law respecting an establishment of religion or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances." -- Amendment 1, U.S. Constitution

Appendix B

CMDA Members 2019 Survey

The Christian Medical & Dental Associations (CMDA), the nation's largest faith-based association of health professionals, released findings of a national survey showing that conscience-protecting laws and regulations help protect patient access to healthcare while addressing rampant discrimination against faith-based health professionals.

The survey, a nationwide poll of faith-based health professionals, conducted by Heart and Mind Strategies, LLC, found that 91 percent said they would have to "stop practicing medicine altogether than be forced to violate my conscience." That finding holds significant implications for millions of patients, especially the poor and those in underserved regions who depend upon faith-based health facilities and professionals for their care.

The survey of faith-based health professionals also found that virtually all care for patients "regardless of sexual orientation, gender identification, or family makeup, with sensitivity and compassion, even when I cannot validate their choices." The finding puts the lie to the charge that somehow conscience protections will result in whole classes of patients being denied care.

"Faith-based health professionals actually seek out and serve marginalized patients to provide compassionate care," explained CMDA CEO Emeritus Dr. David Stevens. "All we ask as we serve is that the government not intrude into the physician-patient relationship by dictating that we must do controversial procedures and prescriptions that counter our best medical judgment or religious beliefs."

Appendix C

Key Findings of 2019 Survey

In 2019, the Christian Medical and Dental Associations (CMDA) conducted a survey of its 19,000 members throughout the country on several issues including rights of conscience. The following are some of the key findings.

1. *Faith-based health professionals need conscience protections to ensure their continued medical practice*. Of those surveyed **91%** **would stop practicing medicine without conscience protections**.
2. *Conscience-driven health professionals care for all patients*. **97%** **care for all patients regardless of agreement with patients' choices, including sexual orientation, gender identification, etc.**
3. *Religious health professionals face rampant and increasing discrimination, please see a few examples:* **76%** **Responded in the affirmative to the question** "Over the course of your professional experience, has the number of medical professionals being pressured to compromise their moral, ethical, or religious beliefs in their practice increased, decreased, or stayed the same?" (Q250)

   60% **Common "that doctors, medical students or other healthcare professionals face discrimination** for declining to participate in activities or provide medical procedures to which they have moral or religious objections."(Q210)

   36% **"Experience pressure from or discrimination by faculty or administrators** based on your moral, ethical, or religious beliefs. (Q255)

As a part of the 2019 Survey of faith-based health professionals, the following are Policy findings in reference to Conscience regulation:

Q225 "Conscience protection for medical professionals who decline to participate in healthcare procedures, like abortion, assisted suicide and transgender procedures and prescriptions, to which they object on moral or religious grounds. 97% necessary

Q230 "If this new conscience protection regulation is eliminated, which of the following effects do you feel it could have on the medical profession?"
Fewer doctors practicing medicine. 70%
Decreased access to healthcare providers, services, facilities for patients in low-income areas.60%
Decreased access to healthcare providers, services, facilities for patients in rural areas. 60%

Q235 "If conscience protection for medical professionals was eliminated. This means professionals who decline to participate in healthcare procedures, like abortion, assisted suicide and gender reassignment surgery, to which they object on moral or religious grounds are forced to participate in these procedures or face legal action." 56% would limit their practice.

Appendix D

CMDA Member Healthcare Conscience Testimonies

The following anecdotes are personal testimonies from members of CMDA. These personal stories demonstrate the challenges that faith-based medical professionals face every day serving on the front lines. Without the assurance of conscience protections in place, these challenges will only increase and will undoubtedly drive many healthcare professionals out of medicine completely.

I am a ***Family Medicine physician*** currently living in Columbia, South Carolina. My husband and I are originally from Oklahoma. While living in Tulsa I worked for a university as the campus physician. They hired me without asking my stance on contraceptive management, "emergency contraception", or referrals for abortion. I was fairly young and had only worked with a Christian group, so I did not even think to ask about that.

They pressured me multiple times to sign a standing order for the morning after pill and even brought a counsel of University Administration to try to pressure me into it. I was threatened that I'd lose my job if I did not sign for it. I stood my ground and did not end up losing my job, but it was incredibly stressful. I had gone to medical school and residency, 7 years of training, and the university administration thought they should be able to dictate how I practice medicine.

If physicians are not able to practice in a way that is in line with their conscience, fewer people are going to go to medical school, and more doctors are going to retire early. In a world where we already have a shortage of doctors, the access to care will further decrease. Personally, I refuse to work in any setting where I am required to be involved in ending a life in any form or fashion.

M.D. (South Carolina)

I am writing as a ***Physician Assistant*** who wants rights of conscience protected for all healthcare providers in the United States. I have been a PA since 2013 and have worked in four different settings: Internal Medicine, Obstetrics and Gynecology, Pulmonary, and now Oncology. PAs are known for being able to transition into various fields of healthcare and in my roles in each of these diverse areas, right of conscience is pivotal.

First, while working in *outpatient internal medicine setting*, I had a transgender patient ask me to prescribe him hormones to transition to the female gender. With his multiple psychological comorbidities, I recommended he start with intensive psychological treatment prior to even considering hormonal therapy. I used my right of conscience, and my patient respected my decision.

In *women's health*, I refused to place IUDs (intrauterine devices) because my conscience compels me that these devices could be abortifacients. My employer respected my beliefs. I also refused to refer any patients to abortion services and both my employer and patients understood my convictions. It doesn't matter in what setting you practice medicine. Ethics always come into play, and I cherish the ability to practice medicine as my deep-held beliefs and the original Hippocratic oath urges, "First do no harm." I want to continue to practice medicine this way.

M.S. PA-C (Georgia)

As ***an intern***, the opportunity to get into the operating room was a great privilege, as most of our time was spent in labor and delivery or the clinic. I was the only intern who declined to perform elective abortions, and I made it clear that it was because of my Christian convictions. One of my fellow interns was frequently given the privilege of scrubbing in on surgical cases. I questioned my chief resident as to why I wasn't being given that opportunity and she replied that she was "working hard doing the abortions" and had earned this privilege whereas I had "refused" to do this work and hence did not "get the perk".

Later in *my residency, I was the chief of the obstetrical service* and was thus responsible for the care and management of all the obstetrical patients on the clinic service. We had a patient at the time whose baby was diagnosed with Down syndrome, and the mother had decided to abort. Since she was so far along, she was to have labor induced and was to be managed on the obstetrical floor. I spoke with my attending physician and told her that I could not, in good conscience, participate in this patient's care because of my Christian values. I explained that I had made arrangements with another resident who was willing to oversee this patient's care in my stead. The attending proceeded to reprimand me loudly in front of my team of residents, interns and medical students. She accused me of abandoning my patient, of shirking my responsibilities, and being insensitive to my patient. Not once did she acknowledge that I had a legitimate right to take such a stand. During private practice, I have not experienced such blatant examples of religious discrimination but have certainly felt 'snubbed' or dismissed for my faith.

In general, there has not been a collegiate atmosphere of mutual respect for differing stances. Practicing medicine under the covering of right of conscience invokes the use of moral and ethical standards such as those found in the Bible and the Hippocratic Oath.

We are medical PROFESSIONALS, not providers, because we profess to certain standards that provide the basis for a covenantal relationship with patients designed to protect them from harm and to seek their highest good. One of the first things medical students learn is Primum non Nocera, or "first do no harm." The essence of the doctor-patient relationship is based on the sacred trust that your doctor will always act in your best interest. Within the safety of this covenant, patients have the confidence and security of knowing that this physician will consistently make decisions that are their best interests and not based upon expediency, money, or other unethical pursuit. Similarly, physicians are not vending machines, and the doctor-patient relationship is not a business transaction.

Right of Conscience is not just the right to refuse to perform services that are morally objectionable, but also the right to do what is best for the patient. For example: a physician declines to perform abortion based upon the truth that human life is precious, that it is God-given and based upon the knowledge that abortion brings harm to the woman - physically, psychologically, and spiritually, as well as sure death to the baby. These convictions are not based upon feelings, but on deeply held values that form the basis for how life is lived and therefore medicine is practiced.
MD, FACOG (Maryland)

I am a ***palliative care physician*** in Knoxville, Tennessee. I have the opportunity to walk with patients and families through some of the most difficult experiences of their lives and at times, very complex and difficult ethical situations. I maintain a strong faith and it serves as my inspiration to serve others as they face life threatening illness and death.

If I were to be compelled to violate my conscience and beliefs, I would rather walk away from this field or find a different way to serve without violating my conscience and beliefs. I welcome and strongly support legislation helping protect my beliefs and right of conscience. Such legislation also protects my patients from losing a well-trained and compassionate physician when there are so very few of us in the field of palliative care.
AMD (Tennessee)

As a ***physician***, I have witnessed the erosion of my profession over the last 30 years. We have become technicians instead of caring professionals. We are now part of the greater mob of "health care providers" with cash registers in our consultation rooms (the electronic medical record). Now the final blow is to rob us of our conscience in our care for the patient because our thoughts and practice do not conform to the collective. It began with algorithms that come from on high that say that a particular drug, X-ray study or procedure are "not medically necessary" and this is communicated to us by a computer generated form or worse, someone wearing a headset and reading the rules out of a notebook while sitting thousands of miles away.

Please restore the humanity of medicine by insisting that our rights and conscience freedoms need to remain intact while we care for our patients. Do you really want your physician so compartmentalized that they are disconnected from their hearts while listening yours?
M.D. (Colorado)

I am a ***hospital medicine doctor*** practicing in Columbus, Ohio. I am very concerned about rights of conscience protections for my medical practice. I enjoy my job as a hospitalist, providing care for a diverse range of patients from across Ohio. I am concerned that I am protected against providing medications that would actively speed death in patients with poor prognosis. It is important to me that in terminal situation that I not be forced to be a party to assisted suicide.

I am also concerned that I should not be coerced to prescribe abortifacient drugs that may harm a fetus if the primary purpose is not the immediate preservation of the mother's health and life.

Finally, in the case of those patients who take hormonal treatments for the purpose of gender transition, my conscience will not allow me to participate in further assisting their desires to change gender identification with the assistance of chemical means. I believe I can best care for my patients if my rights in these reservations are respected.
M.D-American Board of Internal Medicine Certified Practicing Hospital Medicine (Ohio)

As a ***practicing family physician*** for over 28 years, I am witnessing a slow erosion of freedom pertaining to physician's right of conscience in our country. Shifts in our culture have promulgated this:
a.) Doctors are seen less as professionals and more as "providers" ready to meet "customers'" needs
b.) There has been a move from small, independent practices to large, employed groups which are part of a "Health System" that subjects professionals, for better or worse, to that culture's mandates and expectations.
c.) We live in a postmodern world where truth and "common sense" are increasingly unrecognized by communities. Individual opinions, at times, can be granted the weight of experts.
d.) We live in a divisive culture focused more upon obtaining and keeping power than upon respecting and considering valid minority dissent.
e.) We are losing the ideology of sacrificing for the common good.
f.) We no longer view right and wrong, as a society, as an inherent mandate from God Almighty, but rather as being determined by the individual.

Considering these cultural shifts, well-intentioned, compassionate medical professionals, many who are people of faith who seek to practice within the bounds of their own conscience, will be at risk of being penalized. When a physician declines to be a "team player" in a decision because it has the potential to cause harm to an individual, family, or even the community at large, that doctor may be labeled with "weaponized words" and shown the door. Will physicians one day lose their jobs for acting in good faith, or lose their medical licenses because they disagree with a plan of care demanded by the patient or health system? Without some type of conscience protection, physicians will be at risk of being crushed into the mold of political correctness at the expense of their conscience and integrity.

Physicians must have the freedom to do what they feel is truly best for the patient while maintaining their own conscience before our Creator. This type of freedom has been an American virtue throughout our country's history and is now in jeopardy. Sometimes saying "no" to a patient's request is the most compassionate option for a patient. If we truly value integrity in the practice of medicine, it is vital to protect medical professionals' rights of conscience. By doing so, our world is not degraded, but rather enriched.
MD FAAFP (West Virginia)

I can say that as a ***medical instructor***, the majority of our students are clearly hoping that they will graduate and find a job within a world where they can work according to their conscience. I just completed testing 47 students on how they would provide patient education regarding various genetic issues, including inherited cancer syndromes, genetic testing for diseases in the pediatric population, assisting couples with questions regarding in vitro fertilization and genetic screening options, how genetic tests are utilized in the U.S. and globally, etc. This test was partially written and partially oral. In both the written and oral sections students brought up ethical issues they were struggling with. (This is a state university!) Some students specifically asked, "If I feel that this is wrong, will I be able to tell the patient that I cannot support it and refer them to someone else? Do I have the right to say "I cannot provide that service for you?"

This was a genuine concern for these students and at least 90% stated they were personally concerned about CRISPER and genetic manipulation, several stated that they were concerned about the disappearance of Down Syndrome, 100% stated that they were concerned about loss of diversity and the errancy of assuming you can "make things turn out ok" with genetic selection.

Several students linked things to WWII selectivity's and to China and their male/female selection, etc., even though these things were not a part of my instruction to them regarding medical genetics. They are watching and concerned!

When I asked the students, "Do you want the provider who is caring for you to have a conscience or to be willing to work with a conscience?", 100% responded that for their personal care, they want a provider who practices with their conscience because they believe that that provider would be more likely to truly have their best interests in mind. If the provider does not practice with a conscience, they will not care if the patient is receiving the highest quality of care or not, instead they will likely do the easiest thing--the path of least resistance.
(Professor at a Kansas University)
