

## World Medical Association WGAP Revision

### **I. BACKGROUND - Policy review: abortion**

I.2.1 The WMA has an annual policy review process. In April, 2016, the Council decided that the 2006 WMA Declaration of Oslo on Therapeutic Abortion should be reaffirmed with minor revisions. In October, the Secretariat submitted a draft revision of the Declaration for consideration by the Council (Secretariat Revision - SR). With one exception, the revisions were purely editorial. . .

I.2.5 . . . The substance of the 2006 Declaration remained intact in the Secretariat Revision. In October, 2016, the Council decided to circulate the Secretariat Revision to WMA members for comment. . . .

I.2.7 The Medical Ethics Committee met in April, 2017. It was decided to refer the Secretariat Revision to a Working Group consisting of volunteers . . .

I.2.8 This Working Group . . . reported back to the Medical Ethics Committee in October, 2017. . . . [They] submitted the group's draft revision [here will be called the Working Group Abortion Policy (WGAP)].

### **II. IMPOSITION OF THE DUTY OF REFERRING THE PATIENT TO ANOTHER NON-OBJECTING DOCTOR OR PERFORMING THE ABORTION ITSELF**

II.3.1 Clause 6 of the 2006 Declaration, states:

**If the physician's convictions do not allow him or her to advise or perform an abortion, he or she may withdraw while ensuring the continuity of medical care by a qualified colleague.**

[The working group revision of the clause states:]

**[ “8. Individual doctors have a right to conscientious objection to providing abortion, but that right does not entitle them to impede or deny access to lawful abortion services because it delays care for women, putting their health and life at risk. In such cases, the physician must refer the woman to a willing and trained health professional in the same, or another easily accessible health-care facility, in accordance with national law. Where referral is not possible, the physician who objects, must provide safe abortion or perform whatever procedure is necessary to save the woman's life and to prevent serious injury to her health.” ]**

### **CONSEQUENCES [From the commentary Abstract]**

Almost all members of the World Medical Association (WMA) were satisfied with a minor revision of the WMA's 2006 Declaration of Oslo on Therapeutic Abortion circulated for comment in 2016. . .

The WGAP has serious adverse implications for physicians who, for reasons of conscience, refuse to provide abortion. The 2006 Declaration states that they “may withdraw while ensuring the continuity of medical care by a qualified colleague.” This ensures continuity of care without requiring facilitation of abortion by referral or other means. The provision was unchanged in the Secretariat Revision and acceptable to almost all WMA members.

In contrast, the WGAP requires objecting physicians to refer patients for abortion, even if they believe that referral is unethical. It is incoherent to assert that physicians are ethically obliged to

do what they believe to be unethical, and many objecting physicians consider referral unacceptable.

The WGAP requirement is not supported by the returns from even the handful of members who commented on the Secretariat Revision. Only one suggested a minor revision, and none recommended compulsory referral.

Further, to force objecting physicians to facilitate what they believe to be unethical or immoral procedures would be inconsistent with other WMA statements and policies that explicitly prohibit physicians from doing so.

**Moreover, as demonstrated by developments in Canada, especially in Ontario, the WGAP provides a precedent for compelling unwilling physicians to refer for other morally contested procedures, including euthanasia, assisted suicide. It can also be cited to support demands that physicians personally perform such procedures.**

Finally, the Working Group ignored or failed to notice the distinction between therapeutic and elective abortion drawn to its attention by responding WMA members. The distinction is essential to identifying a physician's ethical and professional obligations concerning abortion. However, the WGAP is ambiguous on this point, and controversial because it can be cited to support the claim that physicians must provide or refer for elective abortions.

The WGAP should be rejected. It is subversive of physician freedom of conscience concerning abortion in the short term, and euthanasia and assisted suicide in the long term. On the other hand, the 2006 Declaration could be safely reaffirmed.

#### IV.SUMMARY

IV.1 The WGAP is a radical revision of the 2006 Declaration of Oslo on Therapeutic Abortion not called for by the overwhelming majority of WMA members. It demonstrates a general bias in favour of abortion and against physician freedom of conscience. The demand for mandatory referral is not supported by the comments of the few members who commented on the Secretariat Revision of the *Declaration*.

IV.2 The Working Group claims that physicians are ethically obliged to facilitate abortion by referral, even if they believe that doing so is unethical or immoral. This claim is incoherent, since there can be no ethical obligation to do what one believes to be wrong.

IV.3 To force objecting physicians to facilitate what they believe to be unethical or immoral would contradict the *Declaration of Geneva*. It would also be inconsistent with WMA statements concerning organ and tissue donation, capital punishment, torture and interrogation, all of which prohibit physicians from even indirectly facilitating conduct by others that contradicts principles of medical ethics. Finally, adopting the WGAP would signal the support of the WMA for discrimination based on ethical orientation.

IV.4 The distinction between therapeutic and elective abortion is essential to identifying a physician's ethical and professional obligations concerning the procedure. The Working Group not only failed to acknowledge the distinction, but replaced the existing policy with a passage that is ambiguous on this very point. Hence, the WGAP, if adopted, would likely cause more controversy, since it would usually be applied in order to compel physicians to facilitate elective abortions for the purpose of birth control.

IV.5 Forcing physicians to facilitate abortion is preliminary to forcing them to facilitate other morally contested procedures, including euthanasia, assisted suicide, and, ultimately, to personally providing such services. This would drive many physicians from medical practice

and close the medical profession to many religious believers and others whose philosophy of medicine reflects a traditional Hippocratic approach.

## **V. CONCLUSION**

V.1 The WGAP should be rejected. It is subversive of physician freedom of conscience concerning abortion in the short term, and euthanasia and assisted suicide in the long term.

V.2 On the other hand, the original 2006 Declaration could be safely reaffirmed.