

# Comments by healthcare professionals

## On draft HHS regulations on conscience

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## Affiliations

Following are excerpted examples of communications by healthcare professionals with their elected representatives, other government officials, the media and the HHS Secretary's blog. These communications represent the personal views of the individuals. Affiliations are listed for informational purposes only and do not imply an institutional endorsement of the views expressed.

Harry Drummond, MD – recognizes fertilization as beginning new life

Diplomat, American Board of Family Practice  
Simi Valley, CA

This is to urge publication and adoption of the new draft regulations from the Department of Health and Human Services enforcing existing laws protecting the conscience rights of healthcare professionals.

I am a healthcare professional personally concerned with pressures to compromise my ethical positions. It is important for me to be able to recognize fertilization as the beginning of new life as a conscience consideration. Many of my colleagues are unaware of the applicable legal protections which your regulations provide.

Reginald Finger, MD, MPH – conscience protection overdue

Physician epidemiologist  
Colorado Springs, CO

It has come to my attention that HHS intends soon to publish regulations intended to protect the right of conscience of health care professionals. This has been a major concern for several years, increasingly in recent months. In the name of equal access and patient rights, professionals are being forced to choose between providing services such as abortion referrals and post-coital contraception, that violate their consciences, or else lose their jobs.

In light of this concern, I believe that strong protection of conscience for health care professionals is overdue. I strongly support such an effort by HHS. Further, I believe that if this can effectively be done by regulation, it should be, in order to avoid the costly delays that would ensue if it were to depend on Congressional action.

Donald H. Gent, M.D. – medical education teaches fertilization as beginning

Many healthcare professionals and patients view fertilization as the beginning of human life. This is consistent with what I was taught in my medical education. The new draft regulations define abortion as “any of the various procedures that results in the termination of the life of a human being in utero between conception and natural birth, whether before or after implantation. The new regulations simply recognize the view that life begins at fertilization as a valid point of conscientious concern. More than 40 percent of Christian Medical and

Dental Association members say they have experienced pressure to compromise conscientious convictions in healthcare.

A healthcare professional is by definition one who professes adherence to a code of ethics (Hippocratic Oath, Scriptures, others) are designed to protect patients. If healthcare professionals do not or are not allowed to follow ethical codes, then patients are vulnerable to both the whims of the healthcare individual and to political/ideological pressure on the medical system. Opponents of these regs want to be able to apply pressure/coercion to the medical community as a way to enforce their own political views.

Faith-based professionals provide care for the poor and attempting to force such medical professionals and institutions to provide immoral services will only force them to shut down and this will eliminate medical options for the poor. Patients chose like-minded physicians so they will chose an obstetrician or hospital the does not do abortions understands the importance of being able to choose healthcare professionals based on the professionals' moral code and convictions.

#### Steven Hammer, MD – special interest groups forcing unethical actions

In my 23 years as a practicing family practice doctor, I have seen rising pressure on physicians to violate their consciences. Everyone wants a physician who has moral integrity, yet special interest groups are increasingly compelling physicians to prescribe and do things that many of them find unconscionable.

A specific instance is the "Morning After Pill." This pill is available at drug stores without a prescription, yet proponents are working to force all doctors to prescribe it. Proponents claim it works the same as regular birth control pills but ignore some of the evidence (e.g. The Annals of Pharmacotherapy: Vol. 36, No. 3, pp. 465-470.) Their claims are politically correct but not factually correct.

Opponents would say that patients have a right to the treatments or procedures. If the treatment is legal, then it is an option, but that fact doesn't mean that every doctor in the country has to provide it. If a patient wants a particular treatment or procedure that some doctors think is wrong, all he needs to do is shop around a little. Special interest groups shouldn't be forcing us to do things we think are wrong for our patients. Doctors have a right to do the right thing.

#### Caroline Hedges, M.D. – beginning Ob-Gyn career, strongly impacted

I recently graduated from medical school and will be an obstetrician/gynecologist--a profession strongly impacted by right of conscience laws.

As a pro-life physician, I am committed to protecting the lives of our most vulnerable patients--those who are not yet born. I, like many of my colleagues, believe that life begins at fertilization and I am grateful for the freedom to choose not to participate in procedures that violate my conscience such as abortion.

We all need to be able to practice in an environment that does not force us to practice medicine in ways that compromise our integrity, regardless of our individual convictions about abortion, euthanasia, etc.

#### Dr. Dale Heuer – protect my professional and constitutional rights

Today, I learned that the U.S. Department of Health and Human Services is prepared to introduce new regulations to enforce existing laws protecting the conscience rights of healthcare professionals. I urge you to support those regulations to enforce existing laws protecting my professional and constitutional right to choose what procedures and prescriptions I consider ethical and appropriate. Thank you very much for your consideration.

#### Douglas Lindberg, MD – Hippocratic Oath provides moral framework

Associate Professor of Family Medicine  
East Tennessee Family Physicians of Kingsport

I am a family physician practicing in Northeast Tennessee. I entered this profession with high ideals and an unswerving commitment to seek the best for my patients. The moral fabric upon which I base my practice and which is contained in the Hippocratic Oath provides a framework for me as I seek to provide appropriate and responsible care.

For this reason, I have been quite alarmed at the growing pressure that physicians are facing to provide services which they find morally reprehensible. I myself have experienced pressure to do so. I fear that our society stands on the brink of forcing physicians to choose between abandoning their convictions or exiting the profession. It is time to act. I am writing to ask you to support new federal HHS regulations to enforce existing laws that would protect my federal and constitutional rights to choose what procedures and prescriptions I provide based on what I feel is ethically appropriate.

I am of the opinion that life begins at fertilization, and to be forced to provide services that violate this conviction would be asking me to compromise my morality. Additionally, it is not as if patients lack access to these services. They are widely available throughout the country. Thus, from a practical standpoint it is simply unnecessary to ask those who find such services morally reprehensible to provide them. Please take the lead in pushing for new HHS regulations that protect my rights of conscience and my ethical decision making abilities.

#### Dr. Jan Mueller – offer us legal safeguards to be excellent physicians

It is imperative that the pending regulations protecting health care professionals' rights of conscience receive your full support. No government of a democracy should ever force a professional to act against one's morals or beliefs.

If we lose individual morals among the medical profession, then we begin an inevitable decline in not just health care but our society at large. I do not want to be forced - I will not

be forced - to offer euthanasia, or other procedures I know are unethical. In Amsterdam, physicians are coerced to euthanize the most vulnerable babies in the NICUs, according to a "protocol" set in place by their government. These are the very babies I fight to save!

I urge you to take action to protect not just the physicians, but the most vulnerable among those patients we have sworn to protect and heal, as best we are able. Support our right to conscience. Offer us the legal safeguards to be excellent physicians.

#### Peter Murchie, DDS – professing to ethical codes protects patients

I am a dentist in Richmond and am personally concerned with pressures to compromise healthcare providers ethical positions. I support the freedom of conscience that are a part of our American heritage, and believe that this extends to physicians prescribing drugs and performing medical procedures.

A healthcare professional is by definition one who professes adherence to a code of ethics. These ethical codes (Hippocratic Oath, Scriptures, others) are designed to protect patients. When professionals do not or are not allowed to follow ethical codes, patients are vulnerable to both the whims of the healthcare individual and to political/ideological pressure on the medical system. That's exactly what opponents of these regs want to do-apply pressure/coercion to the medical community as a way to enforce their own political views.

#### Keith J. Peevy, J.D., M.D. – attempts to "legislate thought" violate rights

Professor of Pediatrics/Neonatal Medicine  
University of South Alabama

I am writing to ask your support of HHS regulations that protect the individual medical practitioner's right to practice in a manner consistent with their conscience, rather than being coerced to practice according to guidelines that violate their faith. Recent proposals and guidelines by professional organizations fall outside of medical guidelines and have entered into attempts to legislate thought, and in so doing have violated the individuals right to practice in accordance with their conscience and have violated the patient's right to seek care givers of like mind. Please support legislation/regulations which uphold traditional safeguards against these pernicious trends. Thanks for you time and consideration.

#### Agnes J. Schrader MD – pressured to compromise and perform euthanasia

Indianapolis, Indiana

As a physician in Indiana caring for chronically ill kidney patients, I am concerned about having to compromise my ethical position on end of life care for patients. Every year I have patients who chose to stop dialysis and die a natural death of kidney failure. Usually these patients have lost any remaining quality of life they had and see no purpose to continuing life-prolonging, voluntary (and expensive) dialysis treatments. Most often, they chose hospice care and are given compassionate use of pain and sedating medications.

Occasionally, I have been asked by patients or families to play "Dr. Kevorkian" and intentionally help them die sooner (that is, euthanize them). Up until now, I have always been able to tell them how I feel about euthanasia, and offer them a better option with hospice/compassionate care that addresses their concerns. However, if physician rights of conscience are not protected, I could be forced to refer these patients to someone who would euthanize them, sometimes against what a competent person would have otherwise chosen if they could have told us.

These complex ethical issues affect the unborn, the disabled, the elderly, and all who cannot protect themselves from a utilitarian society choosing who will live and who will die. This already occurs in some European countries and can easily come to the United States, causing loss of protection to those unable to protect themselves. This begins to happen in society when physician right of conscience is taken away and dictated by political/ideological views of the society.

As a pro-life physician, I am one of many who view life as beginning at fertilization and ending when God is ready. These choices need to be protected as does our Hippocratic Oath which is designed to protect the patient. One day, this patient could be you or your loved one.

Preston R. Simpson, M.D., F.C.A.P. – every patient wants physician with integrity

Department of Pathology

As a practicing physician for nearly thirty years, I urge the publishing and enforcement of new proposed regulations protecting the rights of individual health care providers and institutions to follow their consciences and ethical standards in the way they deliver medical care. Physicians and other practitioners must be permitted to decline to provide services or participate in acts that violate their own moral precepts. Every patient wants those caring for him to have moral integrity, but forcing practitioners to violate their consciences deprives them of that very integrity.

Forcing professionals to perform immoral services often simply drives them out of the field or into other branches of medicine where they are not coerced to violate their principles. Because these providers often deliver care for the poor, this may deprive the underserved of the availability of these physicians. In those cases when a patient insists on a service the professional cannot in good conscience provide or refer for, the patient can almost always find the desired service very conveniently.

Existing law in the Church amendment and the Weldon amendment offers some protection to rights of conscience, but the proposed HHS regulations are necessary to ensure that these basic freedoms are upheld.

David Stevens, MD, MA – obligation to protect life trumps other duties

Physicians of conscience routinely provide healthcare to people who make poor decisions or have lifestyles they don't endorse. They provide compassionate care for the obese that decline to

diet, the unfit that are unwilling to exercise, the alcoholic who won't discontinue drinking and the sexually promiscuous with their umpteenth STD.

I've personally taken care of child molesters, rapists and murders on death row. I've treated Buddhists and Hindus, Muslims and Mormons, Christians and Jews, and Animists and Atheists. Two weeks last month I volunteered and saw hundreds of men, women and children in the largest slum in Africa in Nairobi that was the epicenter of the ethnic violence in Kenya earlier this year. Some of them had been involved in the killing. I've led relief teams to provide healthcare in war zones in Somalia, Rwanda, Sudan and Bosnia at the risk of my own life.

Healthcare professionals of conscience aren't out to judge patients or withhold the medical care they need. Their convictions compel them to take care of the truly needy no matter their race, creed, socioeconomic condition or behavior. Where the line of conscience is crossed is when a patient asks us to endorse, enable or participate in what our convictions and beliefs tell us is an immoral act. The child molester begs us not to report his conduct, the drug addict asks for just one narcotic prescription or a state government wants us to certify death in a legal execution. We are morally complicit if we do these just as we are if we perform or facilitate an abortion.<sup>i</sup>

Donald F. Thompson, MD – military physician forced to refer for abortions  
Clarksburg, MD

Please accept my profound gratitude for your recent decision to issue Health and Human Services regulations to enforce existing laws protecting the rights of healthcare workers to practice according to our professional and moral ethical obligations. I entered the practice of medicine from a deep commitment to serve my fellow man, and have been discouraged recently as I have been required to participate in activities that violate my personal convictions.

As a physician with over a quarter century of service in the U.S. military, I take my vows very seriously. Twenty-two years ago, I took the Hippocratic Oath when I graduated from medical school, but regrettably was required by military regulations to violate it within my first few years of practice by participating in referring women for abortions.

I appreciate your commitment to upholding the existing anti-discrimination laws of our nation that protect our individual and institutional freedoms, particularly our First Amendment rights. I am confident that you will agree that the safe and effective practice of medicine is improved in a setting where healthcare workers of diverse religious traditions, philosophical backgrounds, and ethnic and cultural traditions are able to serve according to their moral convictions. Thank you for taking action that will enhance the care that I am able to deliver to my patients.

John van Aalst, MD – right not to refer  
Assistant Professor  
University of North Carolina at Chapel Hill School of Medicine

"I want to have the right to act according to my conscience regarding assisted suicide and abortion. I also want to maintain my right not to refer a person wanting either of these 'services.'"

**Jerry Wittingen, M.D. – thanks for doing the right thing**

As a prolife obstetrician, I endorse draft proposed regulations to strengthen protections of conscience rights. Thank you for doing the right thing despite the controversy created by those who would remove our rights.

**Bethany Shoemaker, MSIV – med student may not specialize in Ob-Gyn**

I am a fourth year medical student. As I understand it, the current issue the Secretary is discussing is the idea that physicians should have the freedom to choose whether or not they will perform an abortion. This is an issue I have been following closely as it will greatly affect my decision to specialize in OB. I will not perform an abortion, and if I were required to do so, I would change my specialty. Even if that meant I had to return to residency. I know abortion hurts women and men because I have watched a college friend drop out of school and watched her boyfriend struggle to process the loss of his child and his relationship with his girlfriend because they chose abortion. I have taken two children into my home that were born to a struggling mother. They have a chance at life because she chose to give them that life. Abortion is not the answer and I fully believe that requiring physicians to perform them will decrease the number of practicing obstetricians. Ask any woman and she will very likely say that she would rather have an OB that will not perform abortions than no OB at all.<sup>ii</sup>

**Walter Roberts, MD, MSc – watching an abortion nixed his Ob-Gyn career**

When selecting a residency, I was deeply torn between gynecology and radiation oncology. While I enjoyed very much the field, I did have the opportunity to observe a voluntary termination. These memories today are as vivid as the day I was in the clinic and I resolved that I could never facilitate in any way, passively or actively that procedure. The experience influenced me to discontinue OB training and enter radiation oncology. I have followed with concern and alarm ACOG's increasingly aggressive position and the report that came to your attention and this year quietly decided to allow my membership in ACOG to lapse, largely because of this report.<sup>iii</sup>

**Jacob W. Scheeres, MD FACS – counseling helped patient carry baby to term**

Thank you for defending the moral standards God has given us and our Constitution supports. Early in my career as a surgeon a determined mother brought her pregnant daughter to have an abortion. Counseling with the daughter and her fiancé, both college students, allowed me to share with them the enormity of abortion. Thankfully, they chose to keep the pregnancy and both finished college as a family.<sup>iv</sup>

### Keith Proctor DO – organizations would force conscience violations

As a recent medical school graduate I can attest to the fact that I entered this demanding profession with genuine altruism at heart. It is rather astonishing to me that there are organizations in this country that would force me, or my colleagues, to violate our consciences simply to promote their agendas. As you clearly stated, a Department of HHS regulation will not impact the legality of abortion but, rather, it will protect the integrity of those that wish to practice medicine guided by their own moral compass. I applaud your dedication to the health care providers of this great nation.<sup>v</sup>

### Steven Parnell, MD – abortion access not an issue

It is ironic that those who would argue most strongly for a woman's right to choose would deny the same right to Physician's and other healthcare providers. I practice in a small rural town in Minnesota. I have never in 25 years of practice referred a woman for an abortion. Patients who have come in requesting a referral have left understanding my position regarding the sanctity of life, and left without being angry at me for following my conscience and not referring them to an abortion provider. The nearest provider of abortion services is 2-3 hours away, yet women intent on terminating their pregnancy find them without difficulty. In this information age a few clicks on the internet can provide information that was formerly available only to their family doctor.<sup>vi</sup>

### W. A. Krotoski, M.D., Ph.D., M.P.H. – Hippocratic Oath guides medical ethics

In regard to the ongoing discussion regarding rights of conscience and regulations, I would like to point out (as may already have been done) that it is a physician's informed conscience that allows him or her to do what is right for the patient - within the context of the Hippocratic Oath, the basis of medical ethics and protector of both provider AND recipient of services. That Oath states, unequivocally, "I will give no deadly medicine to anyone if asked ... I will not give a woman an instrument to produce abortion" (AMA-circulated version, 1968); it is the basis of a common perception of the underlying rule of "Do no harm."

Those who do not accept the medical/biologic fact of the humanity of prenatals, or of the sacredness of human life (which is itself a cardinal basis for the Oath), feel slighted that their thesis of abortion without restriction is threatened by the fact that the GREAT majority of physicians and other health professionals accept an informed conscience as regulator of medical actions. Any attempt to destroy informed consciences by rules or legislation is poorly thought out, intensely divisive, and doomed to failure.<sup>vii</sup>

### James B. Weedman, M.D. – what if government forced you to violate your conscience?

The criticism that the healthcare professional is trying to impose their moral views on society is spurious. Just the opposite is true. The professional is only making a personal moral judgment and the state should not be allowed to claim the right to remove or ignore this liberty of conscience.

### Scott C. – medical student would not enter medicine without conscience rights

All respondents should ask themselves the question, "What would you do if the government forced you to do something against your conscience, moral convictions, or religious commitments, including refusing to allow you to post blogs such as these?"<sup>viii</sup>

I am a second year medical student and support you in your stand for the right of conscience in medicine and urge you to do whatever you can to extend such rights for pharmacists in Illinois as well. If I were required to provide services that violate my conscience I would regretfully not allow myself to enter the practice of medicine, and I know many students in my class who would feel the same.<sup>ix</sup>

### Stacie, MD - patients go to physician to benefit from expertise and judgment

I wonder if people really want health care where the provider is simply there to do what people demand, as opposed to what they, in their training and experience, determine is best. And as I see people already bristling at the idea of "what the doctor determines is best" colliding with the idea of "self determination", I remind them again that one goes to the doctor to get the benefit of their expertise. Why would the doctor recommend treatment they feel to be harmful? And actually, doctors who have recommended harmful or ineffective treatment are sued/disciplined as poor practitioners. People who want these procedures or certain care don't want doctors to "force their beliefs on them" but are clearly more than happy to force their own beliefs on the doctors.<sup>x</sup>

### Nicholas – medical student likens anti-choice approach to Communism

Regardless of your moral and political stance, it would be outrageous to force abortions or prescribing contraceptives on physicians. What happened to the ability to CHOOSE what services you provide as a physician, as long as those services are within medical standards of care? Any business or company has the right to choose what services they provide. No companies are forced to sell specific products. They are allotted the ability to CHOOSE and provide the products they wish. It would be a very Communist approach to control what a physician chooses to provide, within ethical and moral reason, or any other company for that matter.<sup>xi</sup>

### Ron Halbrooks, MD – without conscience, anything can be justified

I appreciate the stance for conscience to be present. If doctors don't have a conscience to use then anything can be justified. I appreciate the Secretary for standing for the rights of conscience.<sup>xii</sup>

### Peter Martin, MD – physicians will exit medicine if forced to violate principles

First Amendment rights of health care providers MUST be maintained. I was taught first do no harm and if many of us are forced into something different, we will definitely exit medicine. Which is exactly what the radical left would like. There are almost always several different

treatment options for these medical conditions, and I would inform the patients of these. But how can one force me to provide one certain treatment that I abhor?<sup>xiii</sup>

#### Bruce Lanser – medical student will not divorce himself from personal values

When we take the oath (in whatever form), and receive our degrees as I will do in May, we do not divorce ourselves from everything else we did and learned before medical school. We are not forced to become automatons who cannot think for themselves acting only at the will of their patients. Rather we retain all those pieces of ourselves and varied beliefs and should feel compelled to uphold them in our practice. If we allow the medical profession to be forced to do everything our patients ask of us, regardless of our personal beliefs we degrade its status and no longer will be able to serve the patients we swore to care for.<sup>xiv</sup>

#### Nancy Staible, PA-C – made professional commitment to care for each life

It is beyond my ability to comprehend a situation in which I would practice as a healthcare provider and be told by anyone that I must refer a perfectly innocent human life to be extinguished by the hands of an abortionist. Rather, my professional commitment as a PA is to be an advocate for the health of mind, body, soul and spirit of each life entrusted to my care.<sup>xv</sup>

#### Dennis Whittington – physicians should not be forced to perform elective surgeries

One question that those who oppose doctors from having moral conscience about abortion need to be asked is, should a doctor be required to perform elective surgery if he/she does not see the need to or does not agree with? The vast majority of abortions are just that, elective surgery. If doctors can refuse to do elective surgery then why shouldn't that include abortion? Again thank you for all your efforts.<sup>xvi</sup>

#### Kirk Bronander, MD – professionals follow principles in ethical oaths

The right of a doctor to refuse a medical procedure due to his or her conscience is steeped in tradition. Apparently when Ms. Gallagher wrote her comment she forgot to review what the classic Hippocratic Oath actually says: "To please no one will I prescribe a deadly drug nor give advice which may cause his death. Nor will I give a woman a pessary to procure abortion." This oath and a doctor's conscience serve to protect patients by instilling trust. Physicians are not simply technicians that render services. We are a profession with skill, expertise and hopefully some degree of judgment. I hope you will help us preserve our judgment by preserving our conscience rights.<sup>xvii</sup>

#### Amber (PA) – physician assistant trained to weigh benefits v. risks

Do we not live in a country where we are supposed to have the freedom of choice?! As a Physician Assistant I want to commend the Secretary in upholding the Hippocratic Oath to "do no harm" and the sanctity of life. Even for those who have not taken the Oath, it is well taught in medical training that one is to weigh the benefits vs. the risks and to proceed if the benefits outweigh the risks. Are the lawmakers now going to be making the medical decisions for the

well-being of patients without having a medical degree? As a medical professional, we should have the right to choose which procedures we want to practice and which we do not. I have the right to not prescribe narcotics to someone that it would do more harm than good, why shouldn't I have the same right to not perform an abortion that is physically dangerous and proven to harm psychologically?!<sup>xviii</sup>

These protections, for both physician and patient, are long overdue.

#### Patrick Herrick, MD, PhD – surgeon blackballed for pro-life views

One of my experiences was that after matching into my first choice of Ob-Gyn residency, [I was] pressured and intimidated by senior residents in attempts to force me to perform procedures against my conscience. I was blackballed in surgery, where attendings would refuse to teach me other techniques. The pressure was such that my wife went into premature labor with our first child.<sup>xix</sup>

#### Linda Kramer, RN, BSN – "pro-choice" advocates are taking away choice

Why do those who shout the loudest claiming to be "Pro-choice" want to take away the choice of medical professionals? It does not take away the right of the woman. It is abhorrent to insist that doctors (and nurses and pharmacists) participate in a procedure that they find morally offensive.<sup>xx</sup>

#### Pajic – Plan B mandate forces pharmacist to work in fear of career loss

I am a pharmacist working in Illinois, a state which requires pharmacists to fill Plan B prescriptions. Everyday I go to work in fear of receiving a prescription for Plan B. My career will essentially be over the day I get one of these prescriptions since not filling it is a violation of Illinois law. Though my life would be easier if I fill Plan B my faith won't allow me to do so.

The left would make you think that if a pharmacist does not fill a prescription because of his/her conscience that there will be many women who will be denied health care. I work in a retail pharmacy and ran a report to see how many people this would affect. Since Plan B went over the counter in August 2006 my store has filled 8 prescriptions for the drug. No one was denied the prescription because my pharmacist partners will fill Plan B. The 8 prescriptions were filled by a total of 3 patients. Two of the women received the drug multiple times. Our store has filled over 112,000 prescriptions over the same period of time. Plan B is rarely prescribed now that it is available without a prescription.

It is a terrible thing to have to choose between one's livelihood and one's conscience. Thank you for being the voice for those of us who live in constant fear of losing our jobs.<sup>xxi</sup>

#### Michael Hornquist, Pharm.D. – pharmacist distinguishes between legality and morality

Thank you for making it clear that we want to practice according to what is morally right, not just what is currently legal. As you know, in America today there is a vast difference between

legality and morality. No one should have to check their conscience at the door when they walk into their job, especially health care practitioners.<sup>xxii</sup>

#### Courtney Malcarney, MD – inner city physician's patients return after conscience decision

Thank you for your concern about the right for individuals to follow their conscience. I have been concerned about this throughout my career. I have practised Ob Gyn in an inner city and suburban setting and patients have had no trouble obtaining their desired health care. Most have sought health care elsewhere and then returned after I had initially refused to violate my conscience. Please continue to fight for my integrity.<sup>xxiii</sup>

#### Mark Gaulke, M.D. – conscience concerns kept physician out of Ob-Gyn

My ability to make a decision with my conscience is of the utmost importance to provide health care. My concern of violating my conscience in Ob/Gyn or Family Medicine kept me away from those great specialties. That's not to say that there aren't important end of life issues that come up in my combined internal medicine/pediatric residency, but if I lose my right to my conscience I will have to quit or leave this great country. I will not gain the world and forfeit my soul.<sup>xxiv</sup>

#### Kenneth Petersen, MD – Ob-Gyn is a physician--not a technician

As an Ob/Gyn, if I am forced to practice without being able to exercise my right of conscience, I have become a technician rather than a physician. Would those who want to force me to provide a service that I have moral objection or religious conviction against also expect me to do a hysterectomy (or any other surgical procedure) strictly on the basis of patient request irrespective of the medical indications or risks to the patient? Do I provide prescriptions to my patients based on their request rather than my clinical judgment?

Some questions for those who want to destroy the right I have to practice by conscience: Do you pro-choice physicians who express concern for women and claim to be the protectors of them, accept and care for women in your practice irrespective of insurance and ability to pay? Do you volunteer to serve the underserved (or undesirable) in this country or overseas? Why do we spend upwards of \$100,000 to help a 23 week baby to survive while you can opt to destroy the same life in utero?<sup>xxv</sup>

#### Michelle – nursing student would quit rather than assist in an abortion

As an RN student, I would not assist in an abortion. I would quit being a nurse if I had to. I do not force my beliefs on others, and appreciate the same in return.<sup>xxvi</sup>

#### Dr. Estera Decean – Romanian doctor could not choose Ob-Gyn because of abortion mandate

I am a Romanian Medical graduate - and I am about to choose a medical career, in just 3 months. I simply fell in love with gynecology earlier this year, during the gynecology rotation. I very

seriously considered choosing this specialty, since I was good in this area, and I loved my work! Nothing compared with the joy of knowing that the fact that IT WAS I assisting a certain delivery, rather than any other colleague of mine, meant the world for the mother! I would have loved to be able to do this on a every day basis! On the other hand, all Christian friends I shared my desire with, were thrilled, and kept telling me that ROMANIA NEEDED Christian gynecologists, but whenever they needed to see a Christian gynecologist, that would be honest with them, and would be able to advise them from God's point of view, they couldn't find any!

However, as I tried to find information about the training time, I found out that any training gynecologist is BOUND to perform "therapeutic abortions" - and we all know what these words can stand for, especially in ex-Communist countries! So, in the end, I had to let go of this specialty, and now I am trying to choose between Family Practice and Pediatrics. Still, the women of Romania don't have the least clue of what they are doing, what they are choosing - not even the Christian ones, with the most honest hearts!<sup>xxvii</sup>

Scott Cole, M.D. – patients need to know physician will heal—not kill

I have taken the Hippocratic oath which was to practice medicine that insures life, not death. When a society no longer holds to transcendent values it will try to force physicians into its mold. I hope that our nation will always embrace the right of physicians to practice their life providing skills so that our patient population, who will have the right to vote with their feet, will have the confidence that their physician is there to heal, not to kill for the benefit of others.<sup>xxviii</sup>

J. Carr – nurse midwife sees life beginning at fertilization, will not refer for abortion

I commend Sec. Leavitt for initiating this dialogue. I am a certified nurse-midwife licensed in Ohio. I have cared for many women who have suffered from the devastating impact abortion has had on their lives. Through the education I received regarding fetal development and the resulting physical changes that occur with the woman there is no doubt in my mind that a human life begins at the moment the sperm fertilizes the egg. This is new life. Elective abortion is not a healthy choice for women. I cannot in good conscience refer a woman for an abortion. I will do whatever I can to support her in her decision but, I cannot encourage a woman to make unhealthy choices for herself and her unborn baby.<sup>xxix</sup>

Jodi – pharmacist quit over abortifacients

I had to leave a job as a pharmacist 3 years ago because I knew my employer would not support my decision to follow my conscience and not dispense abortifacients. This retail pharmacy receives federal money through the Medicaid program. I found it ironic that as pharmacy manager, I had to support the religious beliefs of a clerk and not schedule her on Saturdays since she was a Seventh Day Adventist - but since I would not fill less than 1% of prescriptions - I would be discriminated against. I even had advanced training and did "optional" services that other pharmacists at my pharmacy were not trained to do like immunizations, bone density screening, cholesterol screening, blood pressure screening and blood glucose screening.<sup>xxx</sup>

## Lori Kempen – conscience concerns not exclusive to people of faith

How can anyone say that life does not begin at conception? The zygote is a male or female instantly, and has every piece of DNA structure to continue living, if conditions are right, just like the rest of us. Saying that a foundation for the justice of abortion is because 75 per cent of embryos spontaneously abort is just bad logic.

You tell me exactly when personhood begins--when someone becomes valuable enough to have the protection of government over their lives. Is it when one can speak, hear, see, make money, when they are WANTED? These are all slippery markers for personhood, as they endanger our most vulnerable citizens.

You can't answer that question with science-- "When does personhood begin?". Answering it is in the realm of philosophy and religion, how each of us answers, "Why am I here?" and "What am I worth?" "What is my fellow man worth?" These are issues of conscience and morality, and they strike at the very most basic questions in life that must be answered in the realm of personal belief. It is arrogant for others to judge physicians for abstaining from what they believe is murder and harm. I disagree with abortionists, very strongly, but it is legal for them to practice, and it is not my place to judge them, but it is not your place to judge pro-lifers, either, or take away our freedoms to live as we believe, or to wrest from pro-life patients, all doctors who will welcome any baby into this world because s/he is HUMAN. That is why Secretary Leavitt is so very just and fair in protecting the freedom of conscience for physicians in this sensitive area. It is a matter of conscience, which last time I checked, is not exclusive to religious people, but of interest to all.<sup>xxx1</sup>

## Peter Lipsy – medical student rues choice between conscience or career

Protecting the physician's right to conscience is one of the most significant steps forward that one could possibly propose in health care today. As a medical student, one of the darkest clouds that hang over my future career is the possibility that I will have to choose between my conscience and my career. Of all careers, medicine must foster a physician's sense of morality and ethics. And, for many of us, that means fostering the dignity of human life -- no matter how small, dependent, or disabled that human might be.<sup>xxx2</sup>

## Kyle Beiter, MD – Ob-Gyn sees abortion referral as moral equivalent of performing one

I am a practicing gynecologist. I have never performed an elective abortion and I will not do so in the future. Asking one of my colleagues to perform an abortion on one of my patients is basically morally equivalent to performing the abortion myself. Thus, I will not refer patients for abortions.<sup>xxx3</sup>

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<sup>i</sup> Posted on HHS Sec. Leavitt's blog by: David Stevens, MD, MA (Ethics) | August 12, 2008 at 05:47 PM.

<sup>ii</sup> Posted on HHS Sec. Leavitt's blog by: Bethany Shoemaker, MSIV | August 11, 2008 at 09:47 PM.

<sup>iii</sup> Posted on HHS Sec. Leavitt's blog by: Walter Roberts, MD, MSc | August 11, 2008 at 09:54 PM.

<sup>iv</sup> Posted on HHS Sec. Leavitt's blog by: Jacob W. Scheeres, MD FACS | August 11, 2008 at 09:59 PM.

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- <sup>v</sup> Posted on HHS Sec. Leavitt's blog by: Keith Proctor DO | August 11, 2008 at 10:55 PM.
- <sup>vi</sup> Posted on HHS Sec. Leavitt's blog by: Steven Parnell MD | August 11, 2008 at 11:19 PM.
- <sup>vii</sup> Posted on HHS Sec. Leavitt's blog by: W. A> Krotoski, M.D., Ph.D., M.P.H. Medical Director, USPHS (Ret), August 12, 2008 at 10:45 AM.
- <sup>viii</sup> Posted on HHS Sec. Leavitt's blog by: James B. Weedman, M.D. | August 12, 2008 at 03:24 PM.
- <sup>ix</sup> Posted on HHS Sec. Leavitt's blog by: Scott C | August 12, 2008 at 03:54 PM.
- <sup>x</sup> Posted on HHS Sec. Leavitt's blog by: stacie md | August 12, 2008 at 05:25 PM.
- <sup>xi</sup> Posted on HHS Sec. Leavitt's blog by: Nicholas (medical student) | August 12, 2008 at 06:08 PM.
- <sup>xii</sup> Posted on HHS Sec. Leavitt's blog by: Ron Halbrooks | August 12, 2008 at 08:48 PM.
- <sup>xiii</sup> Posted on HHS Sec. Leavitt's blog by: Peter Martin MD | August 12, 2008 at 08:49 PM.
- <sup>xiv</sup> Posted on HHS Sec. Leavitt's blog by: Bruce J Lanser | August 12, 2008 at 09:02 PM.
- <sup>xv</sup> Posted on HHS Sec. Leavitt's blog by: Nancy Staible, PA-C | August 12, 2008 at 09:37 PM.
- <sup>xvi</sup> Posted on HHS Sec. Leavitt's blog by: Dennis Whittington | August 12, 2008 at 09:49 PM.
- <sup>xvii</sup> Posted on HHS Sec. Leavitt's blog by: Kirk Bronander, MD | August 12, 2008 at 10:27 PM.
- <sup>xviii</sup> Posted on HHS Sec. Leavitt's blog by: Amber (PA) | August 13, 2008 at 10:42 AM.
- <sup>xix</sup> Posted on HHS Sec. Leavitt's blog by: Patrick Herrick, MD, PhD | August 13, 2008 at 11:43 AM.
- <sup>xx</sup> Posted on HHS Sec. Leavitt's blog by: Linda Kramer, RN, BSN | August 13, 2008 at 02:03 PM.
- <sup>xxi</sup> Posted on HHS Sec. Leavitt's blog by: Pajic | August 13, 2008 at 04:26 PM.
- <sup>xxii</sup> Posted on HHS Sec. Leavitt's blog by: Michael Hornquist | August 13, 2008 at 04:45 PM.
- <sup>xxiii</sup> Posted on HHS Sec. Leavitt's blog by: Courtney Malcarney, MD | August 13, 2008 at 05:15 PM.
- <sup>xxiv</sup> Posted on HHS Sec. Leavitt's blog by: Mark Gaulke, M.D. pgy3 | August 13, 2008 at 07:21 PM.
- <sup>xxv</sup> Posted on HHS Sec. Leavitt's blog by: Kenneth Petersen, MD | August 13, 2008 at 10:25 PM.
- <sup>xxvi</sup> Posted on HHS Sec. Leavitt's blog by: Michelle | August 13, 2008 at 11:01 PM.
- <sup>xxvii</sup> Posted on HHS Sec. Leavitt's blog by: Dr. Estera Decean | August 14, 2008 at 07:36 AM.
- <sup>xxviii</sup> Posted on HHS Sec. Leavitt's blog by: Scott Cole, M.D. | August 14, 2008 at 11:49 AM.
- <sup>xxix</sup> Posted on HHS Sec. Leavitt's blog by: J. Carr | August 14, 2008 at 01:03 PM.
- <sup>xxx</sup> Posted on HHS Sec. Leavitt's blog by: Jodi | August 14, 2008 at 01:42 PM.
- <sup>xxxi</sup> Posted by: Lori Kempen | August 14, 2008 at 04:30 PM.
- <sup>xxxii</sup> Posted by: Peter Lipsy | August 15, 2008 at 12:35 PM.
- <sup>xxxiii</sup> Posted by: Kyle Beiter, MD | August 15, 2008 at 12:41 PM.