

The Abortion Team:

**Who is a player, and how to respond to
the nay-sayers**

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Who is The Team?

- Front office staff
- Medical assistants
- Nurses
- Operating Room technicians
- Radiology technicians
- Nurse anesthetists
- Nurse practitioners and midwives

Abortion education outside of medicine



Sexual and Reproductive Health Workforce Project

- Convened by Association of Reproductive Health Professionals
- Four recommendations:
 - Enhance health professional education in SRH
 - Enhance continuing professional development in SRH
 - Implement quality measures and standards for SRH care
 - Create incentives to expand and diversify SRH workforce and optimize patient access to care

Ethical Guidelines for Nurses

American Nurses Association Code of Ethics:

2.2 Conflict of interest for nurses:

“Nurses must examine the conflicts arising between their own personal and professional values, the values and interests of others who are also responsible for patient care and health care decisions, as well as those of patients. Nurses strive to resolve such conflicts in ways that ensure patient safety, guard the patient's best interests and preserve the professional integrity of the nurse.”

Managing Conscientious Objection

When the following criteria are met, conscientious objection ought to be accepted:

1. Providing health care would seriously damage the health professional's moral integrity by
 - constituting a serious violation
 - of a deeply held conviction
2. The objection has a plausible moral or religious rationale
3. The treatment is not considered an essential part of the health professional's work

Managing Conscientious Objection

4. The burdens to the patient are acceptably small

- The patient's condition is not life-threatening
- Refusal does not lead to the patient not getting the treatment, or to unacceptable delay or expenses
- Measures have been taken to reduce the burdens to the patient

5. The burdens to colleagues and healthcare institutions are acceptably small

Managing Conscientious Objection

In addition, the claim to conscientious objection is strengthened if:

6. The objection is founded in medicine's own values

7. The medical procedure is new or of uncertain moral status

Magelssen, M. (2012). When should conscientious objection be accepted? *Journal of Medical Ethics*, 38:18 - 21.