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Dear Colleagues:

Thank you for taking time to write about the American Medical Association's (AMA) upcoming deliberations at the World Medical Association (WMA) Council meeting.

As with all other policy work at the WMA, our role as a delegation is to contribute comments based on current AMA policy. It is also our practice to consult with the AMA Federation, internal staff experts, and outside experts for advice.

In the case of the Declaration of Oslo referred to in your letter, the major AMA policies we will use as the basis for our comments are E-4.2.7 "Abortion," E-1.1.7 "Physician Exercise of Conscience," and H-5.990 "Policy on Abortion." Copies of our policies are enclosed for your reference.

Thank you again for your thoughtful letter.

Sincerely,

David O. Barbe, MD, MHA

Enclosures

cc: Barbara L. McAneny, MD  
Andrew W. Gurman, MD  
Ardis D. Hoven, MD  
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# Code of Medical Ethics

## 4.2.7 Abortion

**Topic:** Code of Medical Ethics

**Policy Subtopic:** Opinions on Genetics & Reproductive Medicine (4 2 Reproductive Medicine)

**Meeting Type:** NA

**Year Last Modified:** 2017

**Action:** NA

**Type:** Code of Medical Ethics

**Council & Committees:** NA



The Principles of Medical Ethics of the AMA do not prohibit a physician from performing an **abortion** in accordance with good medical practice and under circumstances that do not violate the law.

AMA Principles of Medical Ethics: III,IV

*The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.*

### Policy Timeline

Issued: 2016

# Code of Medical Ethics

## 1.1.7 Physician Exercise of Conscience

**Topic:** Code of Medical Ethics    **Policy Subtopic:** Opinions on Patient Physician Relationships (1 1 Responsibilities of Physicians & Patients)

**Meeting Type:** NA    **Year Last Modified:** 2017

**Action:** NA    **Type:** Code of Medical Ethics

**Council & Committees:** NA



Physicians are expected to uphold the ethical norms of their profession, including fidelity to patients and respect for patient self-determination. Yet physicians are not defined solely by their profession. They are moral agents in their own right and, like their patients, are informed by and committed to diverse cultural, religious, and philosophical traditions and beliefs. For some physicians, their professional calling is imbued with their foundational beliefs as persons, and at times the expectation that physicians will put patients' needs and preferences first may be in tension with the need to sustain moral integrity and continuity across both personal and professional life.

Preserving opportunity for physicians to act (or to refrain from acting) in accordance with the dictates of **conscience** in their professional practice is important for preserving the integrity of the medical profession as well as the integrity of the individual physician, on which patients and the public rely. Thus physicians should have considerable latitude to practice in accord with well-considered, deeply held beliefs that are central to their self-identities.

Physicians' freedom to act according to **conscience** is not unlimited, however. Physicians are expected to provide care in emergencies, honor patients' informed decisions to refuse life-sustaining treatment, and respect basic civil liberties and not discriminate against individuals in deciding whether to enter into a professional relationship with a new patient.

In other circumstances, physicians may be able to act (or refrain from acting) in accordance with the dictates of their **conscience** without violating their professional obligations. Several factors impinge on the decision to act according to **conscience**. Physicians have stronger obligations to patients with whom they have a patient-physician relationship, especially one of long standing; when there is imminent risk of foreseeable harm to the patient or delay in access to treatment would significantly adversely affect the patient's physical or emotional well-being; and when the patient is not reasonably able to access needed treatment from another qualified physician.

In following **conscience**, physicians should:

(a) Thoughtfully consider whether and how significantly an action (or declining to act) will undermine the physician's personal integrity, create emotional or moral distress for the physician, or compromise the physician's ability to provide care for the individual and other patients.

(b) Before entering into a patient-physician relationship, make clear any specific interventions or services the physician cannot in good **conscience** provide because they are contrary to the physician's deeply held personal beliefs, focusing on interventions or services a patient might otherwise reasonably expect the practice to offer.



- (c) Take care that their actions do not discriminate against or unduly burden individual patients or populations of patients and do not adversely affect patient or public trust.
- (d) Be mindful of the burden their actions may place on fellow professionals.
- (e) Uphold standards of informed consent and inform the patient about all relevant options for treatment, including options to which the physician morally objects.
- (f) In general, physicians should refer a patient to another physician or institution to provide treatment the physician declines to offer. When a deeply held, well-considered personal belief leads a physician also to decline to refer, the physician should offer impartial guidance to patients about how to inform themselves regarding access to desired services.
- (g) Continue to provide other ongoing care for the patient or formally terminate the patient-physician relationship in keeping with ethics guidance.

**AMA Principles of Medical Ethics: I,II,IV,VI,VIII,IX**

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**Policy Timeline**

Issued: 2016

# Abortion

## Policy on Abortion H-5.990

**Topic:** Abortion      **Policy Subtopic:** NA  
**Meeting Type:** Annual **Year Last Modified:** 2009  
**Action:** Reaffirmed      **Type:** Health Policies  
**Council & Committees:**



The issue of support of or opposition to **abortion** is a matter for members of the AMA to decide individually, based on personal values or beliefs. The AMA will take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding **abortion** procedures.

### Policy Timeline

Res. 158, A-90 Reaffirmed by Sub. Res. 208, I-96 Reaffirmed by BOT Rep. 26, A-97 Reaffirmed: CSAPH Rep. 3, A-07 Reaffirmed: Res. 1, A-09