

A Biblical Worldview of the Conscience and its Value in the Medical Field

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Abstract

The issue of whether medical professionals should be permitted to refuse patient care causes much tension between medical professionals and patients, and even within the development of ethical practices. When conscientious convictions and personal moral standards are neglected within the medical field, it creates obstacles that people must consider throughout the pursuit of their callings; in addition, professional oaths are ignored, the 1st amendment rights are violated, and the value of morality within the workforce decreases. Therefore, conscientious convictions based on the religious moral standards of medical professionals must be respected within the workforce. This is significant to research and discuss because conscience is among the most sacred of all properties. As time has progressed, more and more political opinions have been inserted into the medical field to the point that its goal is no longer to serve people and to demonstrate compassion to others but rather to establish equality and to please the demands, not needs, of patients. Contrary to what some have asserted, healthcare is not an inalienable right. Knowing how to treat patients in your area of expertise is one's intellectual property protected under the Fifth Amendment. A medical professional's right to refuse to treat patients due to conscientious convictions is supported by law and principles throughout the medical field.

Dan Schneider and his wife Lisa lost their son at the age of 22 due to a drug addiction. They noticed a change in his behavior, which led to a drastic decline in his grades, a change to working night shifts at his job, and weekly trips to visit his girlfriend at her university. His parents thought that these new trends were a response to his uncertainty about what to do with his life, but what they did not realize was that they were the result of his growing addiction. On the night of April 13, 1999, Danny said he was going to a friend's house to study. Around two in the morning, they heard knocking on their door. They opened the door and were face to face with the police, who regrettably informed them that their son had been shot and killed. The police escorted them to the crime scene, and as soon as they saw Danny's red truck, they knew what they had been told was true. Their son was shot and killed amid a drug deal (Furst).

During the next few days, the family was devastated and heartbroken to the point that they considered committing suicide as a family. They blamed themselves for what had happened and thought that if they had noticed he needed help or talked to him more, he would have opened up to them. They had no idea about the problems he was facing and the challenges that led him to addiction. In response to this experience, Dan felt a personal connection to those who have an addiction. After mourning his son's death, Dan returned to Bradley's Pharmacy, where he worked as a pharmacist. He began to notice more and more high school students coming in to receive the same pain medication called OxyContin. He feared this recurrence had something to do with addiction, and it felt wrong to continue filling these prescriptions that had the potential to lead to overdose. Dan thought that he needed to take precautions when administering certain medications to patients due to the addiction from which his son suffered. Dan wanted to save other people from falling into the same trap as his son (Furst).

As the number of patients with prescriptions for OxyContin continued to grow, Dan noticed a trend in who was prescribing them. Dan found that Dr. Cleggett was consistently prescribing unusually

high doses of OxyContin. After investigating, he determined she was running a “pill mill” where she prescribed high doses of pain medications to practically anyone for any pain they felt. Dan knew that OxyContin was not the cure for all of these cases, and he was confident she was abusing her prescription writing power to make money. As Dr. Cleggett continued to prescribe these pain medications, Dan felt more and more convicted about not filling them. He had to decide if he should sit back and watch it happen or take action to stop the chaos that was beginning to unfold. His boss told him he did not have to fill the prescriptions if he felt he should not, but he could not question everyone about their prescriptions.

Dan refused to fill some of the prescriptions, but he could not refuse to fill everyone based on an assumption he had that they were going to abuse their medications. This would cause the patients to become irritated and possibly switch pharmacies. Not being permitted to question the patients’ reasons for needing the drugs and the risk of losing business makes it difficult to refuse to fill anyone’s prescriptions. This was an issue for him because he had strong convictions against administering harmful and easily abused medications, such as OxyContin, especially considering who was prescribing it. Finally, after months of dedication, research, and careful study, Dr. Cleggett’s business, or “pill mill,” was put to an end. Dan’s conscientious conviction toward this matter helped him stop Dr. Cleggett from promoting addiction for financial gain. Dan Schneider listened to his conscience, which motivated him to uphold moral standards and do what was right to save many people’s lives (Furst).

Similar situations to the dilemma Dan faced, refusing to fill prescriptions, raised the question of whether or not medical professionals should be forced to prescribe medications or perform operations that cause them to violate their conscience. In the pharmacy, Dan felt a firm conviction that he should not be administering these medications because he knew that people were abusing them. This conviction not only caused him to refuse to administer medication, but it also motivated him to dedicate countless hours and effort to the cause of addiction. Guided by his moral convictions, he was able to raise awareness for this vital cause. With this said, why should he be told to neglect his moral

convictions simply because others consider it unethical to question patients? In other words, why is it unethical for him to refuse to administer medications but not unethical for him to be forced to forsake his conscience?

When people think about healthcare, most do not realize how often controversial issues arise due to the conscientious convictions of medical professionals. On the one hand, some argue that doctors should refuse to administer care that violates their conscience. On the other hand, others say that it is unjust to refuse care under any circumstance. This issue causes much tension between medical professionals and patients, and even within the development of ethical practices. When conscientious convictions and personal moral standards are neglected within the medical field, it creates obstacles that people must consider throughout the pursuit of their callings; in addition, professional oaths are ignored, the First Amendment rights are violated, and the value of morality within the workforce decreases. Therefore, conscientious convictions based on the religious moral standards of medical professionals must be respected within the workforce.

Definitions

James Sire, as quoted in *Integrating a Biblical Worldview in Nursing Practice* by Hannah K. Malafy, defines worldview as "...a commitment, a fundamental orientation of the heart, that can be expressed as a story or in a set of presuppositions (assumptions which may be true, partially true or entirely false) about the basic constitution of reality, and that provides the foundation on which we live and move and have our being" (Malafy 2). Malafy then summarizes the words of Sire by saying,

"To put it more simply, a worldview is a wholistic view of reality and the individual's own interaction with it. Humans necessarily live from and through the framework of a worldview, as we innately try to integrate our experiences into a cohesive understanding. There can be great similarities among cultures, families, and religions in regard to the content of their worldview; however, each worldview will be individually unique at a certain level of detail." (2)

Malafy continues by discussing the thought process of what makes

a worldview Biblical. She says that a Biblical worldview will first have a foundation of scripture and will, second, derive Biblical principles from the scripture and apply them to real-life situations. She explains that since the Bible does not address every specific situation one could encounter, there must be a method to approach the topics the Bible does not directly address (Malafy 3). She states, “The best method is to view a topic that the Bible does address, derive the broader principles guiding the Bible’s discussion of that topic, and then apply those principles as appropriate to correlating questions and circumstances. The Bible does this within itself, and the Bible has ultimate authority on how we should live” (Malafy 3).

Webster’s 1828 Dictionary defines conscience as “internal or self-knowledge, or judgment of right and wrong; or the faculty, power or principle within us, which decides on the lawfulness or unlawfulness of our actions and affections, and instantly approves or condemns them.” Webster’s 1828 Dictionary defines conviction as “the act of convincing, or compelling one to admit the truth of a charge; the act of convincing of sin or sinfulness; the state of being convinced or convicted by conscience; the state of being sensible of guilt...” Considering this definition of conscience paired with the definition of conviction, a conscientious conviction is a personal accountability to the source of moral standards within one’s life. Moral standards are developed through different religions, political views, perspectives on personal rights, or even self-exaltation.

Since people develop their moral standards according to different sources, conscientious convictions will differ and will only sometimes agree. This kind of disagreement is commonly seen between doctors who hold one view and patients who hold another. Julian Savulescu, a philosopher at Oxford University, thoroughly discusses this issue throughout the article “Conscientious Objections in Medicine” from the perspective that a doctor refusing care to a patient according to the conscientious principle is discriminatory and unjust. Throughout the article, Savulescu thoroughly discusses the problem of denying patient care despite the doctor’s religious beliefs. He discusses common scenarios in which doctors refuse to administer care to patients, such as abortion and sterilization procedures. Although Savulescu admits that conscientious objections

are acceptable as long as a patient has alternative care options, he contends that doctors should always be prepared to administer the care desired by the patient. He concludes that although values and conscientious convictions are essential, they should not affect the care offered or administered to patients (Savulescu).

This being the case, personal moral standards create obstacles medical students must consider throughout the pursuit of their callings. While I agree that medical students need to be aware of the commitments they need to make, I disagree that moral standards, conscientious convictions, and religion should hinder students from pursuing their calling to care for people and positively impact the lives of their patients. Doctors should not be faced with the dilemma of neglecting their moral values to pursue their callings. Although doctors know the commitments they need to make before entering their profession, these commitments should not cause them to forsake their consciences. I contend it is ethical for doctors to refuse to administer treatments or perform operations that cause them to violate their conscience and moral principles as long as they provide all alternative care options for the patient.

An example of one commitment doctors make is an oath. There are both professional and unprofessional oaths; in other words, simple and complex oaths. Unprofessional oaths are promises or commitments that do not have severe consequences when broken. An example of this is a commitment between friends. If the commitment is broken, a friend might become resentful, but there is no severe consequence. Professional oaths are related to business environments and the law as a whole. Examples of this are laws such as do not murder and do not steal. As citizens, we agree to abide by the law, but if we break it, we face consequences such as imprisonment. An example of a professional oath within the medical field is the Hippocratic Oath, except there are some issues involving its consistency and use (Bragg).

The Hippocratic Oath is an ancient medical transcript written to maintain medical professionals' conduct. It is assumed to be written by Hippocrates because of its style, but this is not a confirmed fact due to its age. The complex language and the uncertainty of the Hippocratic Oath's origin have caused much confusion and raised

many questions about its validity. This confusion has led to the present development of the oath, which people continue to modify to fit modern medical practices and to make it more clearly understood. This benefits medical students by helping them understand the terms they agree to before entering the medical field (Bragg).

Although it is beneficial to have modern translations of the Hippocratic Oath, there are also many different versions and interpretations, creating confusion. This leads to medical practices using different variations and adopting different ethical standards. In contrast to medical oaths, marriage vows, and the criminal justice system are oaths that are not taken lightly and have one standard. Why should it be different within the medical field? On the one hand, ethical documents and standards independently create a moral, orderly work environment. On the other hand, an oath provides a verbal promise and commitment that deeply involves one's conscience and integrity. They provide a standard of ethical living and demonstrate the importance of keeping one's word. They are verbal promises you make in the presence of others and your conscience that are universally agreed upon, in this case, it would apply to all within the medical practice. Making a verbal commitment will create a higher value of morality within the workplace, increase self-accountability, and build a relationship of trust between doctors and patients. Overall, it is essential to have a single oath that is consistent for all medical practices and set ethical guideline documents that are agreed to and signed. With this being the case, medical professionals are held accountable by their agreement through written consent and verbal contracts.

Although all medical institutions should have set ethical guidelines and an oath to be followed, they cannot include a demand that religion must be neglected. In other words, medical practices cannot force employees to neglect their religion through legally binding documents. Doing so would violate the First Amendment, which states, "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" (U.S. Constitution). It is a medical

professional's personal choice whether or not they neglect their religion on behalf of their profession, but it cannot be demanded of them to do so.

Historical Context

The history of this subject begins with the establishment of healthcare. People have consistently worked to improve medicine and further develop the field to where it is most practical and beneficial to its patients. In the past, the goal of the medical field was to show compassion to others and to care for them as best as possible (Scrivener 61-68). As time has progressed, more and more political opinions have been inserted into the medical field to the point that its goal is no longer to serve people but rather to demonstrate equality and to please the demands, not needs, of patients.

There has been a drastic decline in morality within the medical field since the institution of health care began. In the past, almost all operations were to heal patients suffering from disease, injury, infection, or anything relating to the individual's health. All these operations did not frequently contradict one's conscience because their actions to help the patients were essentially moral. Their compassionate spirit compelled them to pursue the education necessary to equip them to properly care for patients. Their calling to help others was rooted in their desire to demonstrate compassion. In contrast, in present medical practices, due to the world's political views, this principle of compassion is being manipulated to fulfill political agendas and meet the demands of patients rather than their actual needs. Doctors must now rely more on their conscience to determine what operations and care genuinely show compassion versus what goes beyond compassion and caters to the demands of others' beliefs, political ideas, and desires.

In his book *Strange New World*, Carl Trueman discusses the world's transition by redefining the self. He states that "the generation gap today is reflected not simply in fashion and music but in attitudes and beliefs about some of the most basic aspects of human existence" (Trueman 20). He is saying here that the present generation differs from past generations in appearance, interests, and beliefs about the concept of the self. Carl Trueman's concept of "self" is that it does not

assume the authority of inner feelings. It is not putting every internal feeling into action. He believes that everyone has a unique identity, but that identity is found in Christ and not expressed through our inward feelings. He also believes that education's purpose is not to teach us how to express our inward feelings outwardly and that growing up is a process of learning restraint (Trueman 19-22).

The Modern Self is the opposite of all these statements. The concept of the Modern Self is that inner feelings have authority and that to be authentic, you must listen to these inner feelings, and society will recognize and support the actions you commit to be your true self (Trueman 22). The Modern Self is defined by expressive individualism, which "holds that each person has a unique core feeling and intuition that should unfold or be expressed if individuality is to be realized" (Trueman 22). Trueman also says, "The Modern Self is the fruit of a complicated confluence of cultural factors" (29). With this modern twist on the self, people believe feelings and emotions precede truth. In theory, each person has their own definition of right and wrong according to their feelings and intuition.

The Modern Self has significantly impacted the medical field. In particular, it has impacted the moral standards of the employees dealing specifically with patients and has caused them to involve their conscience in their work more directly. Doctors with high moral standards must now take more precautions when treating patients because the modern definition of the self, the modern self, directs patients to seek care based on their inward feelings rather than their actual needs. Doctors must observe a patient's true intentions with the care they request and distinguish between what they truly need and desire to have because it would boost their emotions in a positive direction.

Another critical observation to make about the history of this topic is how working in the medical field is considered a calling versus a profession. Brian Elliott's book, *White Coat Ways*, does just that. He begins the book by explaining how dedicated doctors used to be and how this dedication developed from the feeling of calling rather than the title the profession gave them. He explains how doctors used to suffer from burnout due to the long hours they were constantly

investing in their jobs. In the medical field, this is referred to as burnout medicine. The doctors would apply significant amounts of pressure on themselves to pursue their calling and to pursue it well. If they had viewed their calling as a job instead, they would just check the boxes and retire for the night. Doctors who were so committed to their calling as medical professionals continually sought to improve and develop new ways to help their patients and benefit the practice. They would be tired and “burned out,” but they would not stop because they knew no other way of living other than to pursue their callings (Elliott 15-29).

Although the dedication of the doctors and residents within hospitals was very admirable, people began to fear that unrested doctors would lead to poorly treated patients. Elliott uses a narrative about a girl named Libbie Zion to demonstrate the fear and systematic problems that stem from overworked residents. Libbie Zion was an 18-year-old girl who took prescribed antidepressant medications. She was admitted to the hospital through the emergency room and closely examined under the care of a physician and two hospital residents. After a long night of fluctuating temperatures, they finally thought they had her illness under control and suggested that the parents go home to rest. It was at 6:30 a.m. that her temperature rose to 107 degrees Fahrenheit. A fever this high is deadly. The residents brought ice packs to attempt to cool her down, and then she went into cardiac arrest. They began to do CPR, but it failed to work, and she could not be resuscitated.

The family physician, Raymond Sherman, had to call the family and break the terrible news to them. The mother, Sydney Zion, was a lawyer, and she filed a court case against the hospital because she blamed the poorly rested residents for what happened to her daughter. She assumed that the residents’ lack of rest prohibited them from making wise decisions and proper care routines, which led to the end of her daughter’s life. This court case resulted in the passing of the Libby Zion Law, which limits the number of hours residents work in New York hospitals to 80 hours a week. Anything exceeding this is claimed to be unsafe for both the resident and the patients. Libby Zion’s death and the resulting court ruling set limits on doctors’ work hours regardless of their dedication to their callings

and drive to pursue what they see as necessary: helping others. Doctors do not want their patients to suffer and are committed to what they do (Elliott 29-49).

In chapter two of *White Coat Ways*, Elliott discusses the ritual of the physical examination. He explains that the purpose of the physical, although it is its title, is to examine the person's physical and mental state. He gives an example of an interaction with one of his older patients. She always comes in for her physical examination, but he connects with her on a deeper level through conversation that allows him to examine her mental state. He discovers that she is very lonely due to the passing of her husband and that it is affecting her physically through loss of sleep and lack of motivation and mentally because it is all she can think about. This example demonstrates the importance of interaction with patients. If doctors do not engage in meaningful conversation with patients, aspects of their mental struggles will go unseen and uncared for. Patients need someone they can trust and rely on to help them physically and mentally to be well treated (Elliott 50-75).

Modern operations such as transitional surgeries, abortion, and physician-assisted suicide all deny the aspect that compassionate healthcare is supposed to offer to others and create issues among medical practices because they are not necessary or "moral" operations. Although some doctors may not have an issue fulfilling the demands of these patients, many do have an issue with it because they are no longer operations that help others, but rather, they have the potential to cause harm to them in many ways. With transitional surgeries, there is always the chance of regret and future mental defects such as depression that are harmful to patients. Abortion harms both the child inside the womb and can occasionally harm the mother because of the process of the operation. Physician-assisted suicide, although the patient requests it, harms them by ending their life. In the past, operations such as these were not common or did not even exist. Often, political agendas influence the healthcare system, pressuring doctors to compromise their moral standards and consciences.

A great example of politics and personal opinions being intertwined within the healthcare system is seen in the field of

eugenics and the process of sterilization. Elizabeth Catte looks at eugenics from the perspective of law and science and reveals the secrecy involved in this practice. She explains that Virginia has a eugenic past, which they have always attempted to build towards a future goal of social betterment. Eugenics targeted people on presumed character flaws, and they thought that social sickness could be cured like any ordinary disease. Sterilization was not seen as science but as a solution to a collective fear. This collective fear was the deterioration of society through mental sickness, crime, and races viewed as inferior. They sterilized those with mental disabilities or of a certain race to purify society and prevent the generational development of disease. Sterilization was also seen as population management, employment management, and a benefit to productivity within the workplace. It was believed that sterilized women were more productive workers because they would have no stress over family issues at home and would have a clear mind that could prioritize work. Theoretically, it would prevent an overpopulated society and create a clean-minded, more intelligent spectrum of citizens among the states (Catte 8-36).

In 1942 the case of *Skinner v. Oklahoma* was brought to the Supreme Court. This case applies to the discussion of unwanted sterilization within the United States. In this case, Jack T. Skinner argued that the sterilization of habitual criminals was unconstitutional under the 14th Amendment. The case eventually ruled in favor of Skinner due to the protection clause and the due process clause of the 14th Amendment. This case was brought before the Supreme Court because the state of Oklahoma believed they should sterilize habitual criminals so that they were unable to have children who would be raised to commit similar crimes. The state figured that jailing was insufficient for their crimes and that they should be sterilized in order to stop the generations of criminals that were assumed to follow. The case concluded that all people have rights, and according to the amendments of our country, these rights must be respected; therefore, sterilizing these criminals was unconstitutional, and in my opinion morally wrong (Catte 43-95).

In conclusion, sterilization is an unfair treatment against uncontrollable characteristics people have. It is a poor and unrealistic

punishment to deal with crime, and it harms our population in an attempt to achieve an unrealistic view of a perfect society. In the case of eugenics and sterilization, some doctors viewed it as beneficial, while others viewed it as detrimental to society. This is an excellent example of doctors utilizing their conscience to draw for themselves the line where care switches from a demonstration of genuine compassion to a push for political agendas and morally wrong operations.

Argument and Counter-Arguments

One reason someone's conscience may be violated within the medical field is referred to as futile treatment. Futile treatments are procedures or care that inevitably cause the patient more harm than benefit. Deborah L. Kasman, a medical bioethics director, explains in the article "When Is Medical Treatment Futile?" that physicians are not forced to administer treatments and care that they see will cause the patient more harm than the current condition they are in, or that will not help at all. She contends that physicians should not automatically refuse a patient's treatment options without consulting both the family and the patient and proposing alternative care options. She recommends that physicians engage in conversation with their patients and their families before making any decisions. She argues that it is the patient's decision as to what treatments they receive and that the physician will give them the option they desire no matter what the physician advises (Kasman).

Some agree with Kasman that patients and their families should make all decisions. From this perspective, the patients and their families could choose a treatment or form of care that can cause more harm to the patient than benefits. Others argue that medical professionals should be permitted to refuse care of a patient if the procedure causes them to violate their moral standards and forsake their conscience. In the words of Kasman, "Negotiating care when either the physician or family believes treatments are futile is a delicate process built upon respect of both patient and professional values". In sum, the debate is whether the patients' or the medical professionals' values should be held as more important.

Another argument made against doctors refusing the

administration of care is that healthcare is an inalienable right. Franklin D. Roosevelt viewed social and economic rights as human rights and proposed this idea during his State of the Union Address in the compilation of the Second Bill of Rights. After this address, although the Second Bill of Rights was never ratified, more people began to view healthcare as a human right (Priluck). This argument is founded on pretenses. The Legal Information Institute defines inalienable as “something that is not transferable or that is impossible to take away” (Legal Information Institute). With this in mind, it is evident that healthcare is not an inalienable right because it requires another individual’s work. Patients are demanding the labor of medical professionals; therefore, it is ethical for medical professionals to refuse to administer care if they feel they need to.

Once again, medical professionals have an inalienable right to religion under the First Amendment. Patients do not have an inalienable right to healthcare; therefore, it is ethical for doctors to refuse to administer care to them due to religious convictions and restraints (Notebook). Obtaining the education that gives one the ability to be a medical professional makes their ability to care for patients their intellectual property. In other words, knowing how to be a medical professional and how to treat patients is one’s private, intellectual property. People, including doctors, have a right to private property under the Fifth Amendment, and intellectual property falls under the category of private property. A patient’s doctor is not their private property; therefore, a patient has no right to demand the use of another’s intellectual property.

Even though these aspects of moral standards are often considered, many people argue that the patient’s rights are superior to those of medical professionals. This causes much tension among doctors, patients, and even within the development of ethical practices. This side of the argument is thoroughly developed by Lexi McGowan, a graduate of Santa Clara University, throughout her article “Delaying Gender Affirmation Until Adulthood is Unethical.” She believes gender operations support children’s identity, improve their social interactions, and help them release the burden of psychological confusion. Throughout the article, McGowan defines gender dysphoria and the long-term effects it can have on children. She discusses the different forms of transitional

surgeries for children, specifically puberty blockers. She explains that preventing children from starting puberty blockers at a young age enhances the risk of physical and mental health issues (McGowan).

Although McGowan admits there is a risk of future regret, she contends that the risk is small based on a limited data study. She concludes that children should be allowed to begin treatments as early as they wish because it is a right that should not be restricted and that treatment plays a vital role in the protection of stability within the mind (McGowan). McGowan neglects to consider how allowing minors to receive these operations and medications without parental consent affects the doctors and the medical practices as a whole. Allowing this would increase the reliance on doctors to inform child patients of their procedures and put the blame on them if the child did not fully understand the procedure they were agreeing to. It also has the potential to decrease parental knowledge of their children's medical conditions, increasing the risk of legal issues doctors could be subjected to. Doctors may not want the responsibility of administering medications and operations to minors without parental consent because of these reasons, and this must be considered before officially altering any laws. Doctors' views on issues such as this must be considered because they administer the care, not the patients. Doctors have a right to be involved in decisions they believe could affect the safety of their patients, neglect parental awareness, or conflict with their moral standards.

A commonly raised question concerning conscientious convictions in the decision-making process made by health professionals relates to patient rights. Does a doctor's refusal of treatment due to a religious conviction violate a patient's individual rights? In other words, conscientious convictions can potentially violate patients' inalienable rights protected under the Constitution. A great example of this would be if a doctor refuses to treat a patient and claims it violates their conscience to serve patients who are not of their preferred race. Even if this was the case, though I disagree, the doctor still has a right to object if this is based on his religious convictions under the First Amendment. If the doctor claims it is against his conscience to serve the patients, he must be permitted to refuse to treat them, or his rights are violated. The patient should

be referred to a doctor without objections. Patients do not have a right to healthcare because it requires another individual's work and is someone else's intellectual property. Therefore, if a doctor refuses to treat them, they have the freedom to search for a different doctor who will. However, they cannot force a doctor to neglect their religious convictions even if the "religion" they claim to believe is not widely shared.

A result of forcing doctors to neglect moral convictions within the workplace is a decrease in the value of morality within the workforce. Although morality may seem like an objectively Christian value, every person has their own standard of morality. Though this may be the case, only convictions based on religious morals are protected under the U.S. Constitution. A common criticism of this point is that all religions cannot be supported or expressed through practices within the medical field. The point here is that religions do not need to be supported or expressed, but they should not be demanded to be neglected. This means a doctor should not have to violate their conscience in order to keep their job or serve their patients. An example of medical professionals losing their jobs due to moral convictions occurred during the COVID-19 pandemic with the vaccine mandate. "The overall pooled prevalence rate of COVID-19 vaccine refusal among 41,098 nurses worldwide was 20.7% (95% CI = 16.5–27%)" (Sritharan). Although not all these nurses refused to receive the vaccination based on conscientious convictions, many refused based on political views and personal rights. Both political views and personal rights are standards of morality within the lives of individuals that differ for every person. These individuals' choices would not be justified under the same constitutional protections as those who objected due to religious convictions.

By neglecting to consider people's moral standards within the medical field, or any profession for that matter, the value of morality is negatively impacted. When morality is loosely valued, it leads to poor doctor-patient relationships, increased self-interest, and decreased proper work ethic. Philippians 4:8 says, "Finally, brothers, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things" (biblegateway).

com ESV). In the medical field especially, it is essential to uphold a high standard of morality and not neglect the sacredness of one's conscience because it will damage the institution's goal to provide high-level care and demonstrate compassion towards others.

Biblical Worldview

Patients' and medical professionals' values must be considered and handled carefully. It must be remembered that it is always impossible to please everyone, and I hold fast to the Biblical principle that "conscience is the most sacred of all properties." James Madison who made that statement believed that "the idea of religion goes much deeper than how one does or doesn't practice. He called conscience "the most sacred of all property," and, like a good scholar of John Locke, Madison felt strongly that one's property was a natural right" (James Madison). Hebrews 9:14 says, "How much more, then, will the blood of Christ, who through the eternal Spirit offered himself unblemished to God, cleanse our consciences from acts that lead to death, so that we may serve the living God!" (biblegateway.com NIV). Madison understood that not only did one's soul need cleansing but also their conscience through the sacrifice of Christ. It is our conscience that we must steward so we can decipher good and evil.

Titus 1:15 says, "To the pure, all things are pure, but to those who are corrupted and do not believe, nothing is pure. In fact, both their minds and consciences are corrupted" (biblegateway.com). For example, suppose a patient in the hospital, already in bad condition, can receive an aggressive treatment that will cause them more harm than benefit. In that case, the physician should be allowed to say they do not want to administer this treatment to them, whether the family or patient wants it. Although some may object that it is the patient's right to decide what treatment they receive and the doctor should adhere to their requests, I reply that one physician refusing to administer this treatment to the patient is not altogether restricting them from receiving it from another medical professional or establishment. The issue is important because doctors are to treat their patients well, but they should not be forced to forsake their consciences and moral beliefs to meet those needs. In doing so one would be striving to keep a clear conscience, for instance, Paul

prays in Acts 24:16 that he strives always to keep a clear conscience. Making choices similar to this offers solace to physicians striving to keep a clear conscience.

When conscientious convictions and personal moral standards are neglected within the medical field, it creates obstacles that people must consider throughout the pursuit of their callings; in addition, professional oaths are ignored, the First Amendment rights are violated, and the value of morality within the workforce decreases. Therefore, conscientious convictions based on the religious moral standards of medical professionals must be respected within the workforce. Neglecting conscientious convictions and moral standards creates hesitation in people fulfilling their calling because they want to avoid being faced with the choice between upholding their religious views and best serving a patient. To prevent doctors from being faced with this choice, religion is not to be supported or expressed, but it cannot be forced to be neglected when there is a conflict. Ethical standards must be set within medical practices, and a universal medical oath must be common to all practices. Conscience is a sacred property that must be valued to support the medical institution's goal.

While some argue that medical professionals must be prepared and willing to neglect their conscience to serve their patients best, the Biblical worldview holds that conscience is the most sacred of all properties. It is something that should be addressed, no matter the circumstance. A conscientious conviction is a personal accountability to the source of moral standards within one's life. Religion is a common source of moral standards; therefore, it affects what convicts one's conscience and what does not. In the life of a Christian, one's moral standards are founded on the authority of the Bible and God himself. Romans 1:15 says, "Therefore one must be in subjection, not only to avoid God's wrath but also for the sake of conscience" (biblegateway.com ESV). This verse expresses the importance of not violating your conscience.

The Air We Breathe by Glen Scrivener explains the Biblical worldview of my topic well. In the introduction, Scrivener uses the example of a goldfish in a water bowl. Although the goldfish does not feel the water, it is all around it (11-21). Similarly, although every person

has a different religion or system of beliefs, Christianity surrounds us all, whether we realize it or not. Scrivener goes on to discuss compassion, and he dissects Charles Darwin's theory of natural selection. He states that within natural selection, pity is a poison. People who believe in the statement "survival of the fittest" claim that people become captive to Christianity and the compassion that comes with it. Christians oppose natural selection and intervene with compassion towards others. This demonstrates scientific law versus moral law. Darwin and others attempt to make sense of the world through scientific law, while Christians use moral law as motivation to care for others (Scrivener 61-68). God's compassion flows down and out, and it meets people in their weakness to elevate them so that they may share the blessings of God far and wide.

Christians use God's character and the way Jesus lived as an example. Compassion describes the life of Christ and is also meant to describe the life of the Christian (Scrivener 69-79). Scrivener introduces the subject of healthcare, and he makes the point that healthcare is not a right. Instead, it is part of a Christian movement and the Christian concept of doing right and caring for those who need it. Through this, care for the sick became a critically Christian theme that opposed all aspects of natural selection. Christians followed the example of Jesus and His sacrificial love to demonstrate compassion to those who had little hope (Scrivener 79-100).

Solution

To prevent doctors from being faced with the choice of obeying their conscience or demonstrating compassion towards their patients, religion is not to be supported or expressed, but it cannot be forced to be neglected when there is a conflict. Ethical standards must be set within medical practices, and a universal medical oath must be common to all practices. Medical institutions and practices must stop demanding doctors neglect their conscience or religious convictions to serve patients. To do this, there must be a set medical standard concerning religious beliefs that thoroughly explains commitments for students entering the medical field and an ethical agreement between practices and employees that discusses, in-depth, religion, personal rights, and how to approach doctor-patient disagreements concerning denial of care. These

must be gradually implemented in all areas of the medical field to create a universal standard for all medical practices that prevents limiting medical professionals' freedom to adhere to their religious convictions and not demand them to serve a patient in a way they believe is wrong.

Conclusion

In conclusion, compassion is closely related to conscientious convictions within the medical field and the Biblical worldview of the sacrality of conscience. It is a Christian principle to live as a reflection of the character of Christ and serve others in need. Matthew 20:26-28 says, "It shall not be so among you. But whoever would be great among you must be your servant, and whoever would be first among you must be your slave, even as the Son of Man came not to be served but to serve, and to give his life as a ransom for many" (biblegateway.com ESV).

Jesus spent His time on earth serving and healing others. He never once put Himself over others, and He sacrificed Himself so that we could be saved from the bondage of sin and given the freedom to imitate the compassion of Christ to others. People who follow Christ as their example develop the foundation of their life and conscience from the authority of God's Word. Moral obligations to God's Word create conscientious convictions that may prevent them from participating in specific procedures or administering unnecessary medications to preserve one's life. Medical care that contradicts God's authority and His Word should not be forced to be administered because it conflicts with truth and what is morally right.

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About the Author



Elise Thomason attended StoneBridge for 13 years. She achieved high honor roll all four years of high school and was an active member of the National Honor Society since her sophomore year, serving as Chapter Secretary her senior year. She was also a member of Key Club throughout high school, and served as the Hospitality Prefect in 10th grade and the Advancement Prefect in 11th and 12th grade.

Elise played Girls Varsity Volleyball and Soccer throughout high school and served as co-captain of the soccer team her senior year. She earned volleyball All-Conference honors her sophomore, junior, and senior years and soccer All-Conference honors her junior year. She was selected for the All-State first team for volleyball her junior and senior years and received the Metro Scholar Award her senior year. Elise is attending Clemson University to major in nursing and work in pediatrics.

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