There’s always been conscientious objection in medicine. The inherent egotistical, “this is how it’s done and what you’ll do, if you want to get on” attitude that medicine breeds means it’s often hidden. Or it’s tough to carry out your objection. I object to having to see patients – wait, I haven’t finished yet – when I’ve got laryngitis, for instance. Most of us object to the irrational guilt we’re made to feel when we phone to say we won’t be coming in today because we’re stuck to the toilet having been poisoned by the local takeaway. A doctor friend of mine with a broken writing arm objected to being told she could still press buttons on a computer. Of course, she was expected to come to work.

Until recently, however, those with strong religious, cultural or moral beliefs have largely gone unnoticed. They’ve found ways to avoid finding themselves in a situation where they’d have to raise their conscientious objection. Or, although their views may not be screamed from a soapbox, ‘everyone knows’ that Dr X doesn’t sign termination forms. They may have found sanctuary by only working with those of similar beliefs. But now, supermarkets are openly allowing their employees to pick and choose who they deal with. Want to buy alcohol? Can’t serve you, I’m afraid. Want emergency contraception? Can’t sell it to you, sorry. Health care has long followed the inherent egotistical, “this is how it’s done and what we want” attitude that medicine breeds means it’s often hidden. Or it’s tough to carry out your objection. I object to having to see patients – wait, I haven’t finished yet – when I’ve got laryngitis, for instance. Most of us object to the irrational guilt we’re made to feel when we phone to say we won’t be coming in today because we’re stuck to the toilet having been poisoned by the local takeaway. A doctor friend of mine with a broken writing arm objected to being told she could still press buttons on a computer. Of course, she was expected to come to work.

What about the woman wanting emergency contraception? The receptionist’s belief about what the NHS should provide could be: “You bought the alcohol so you can jolly well buy the emergency contraception, young lady”. The delay in her being seen may tip her over the 72-hour time limit for pills. The guidance conscientiously objects to us fitting an emergency IUD for her because we don’t do enough of these. She’s left with an unwanted pregnancy. She then struggles to get a termination because of the conscientious objection of others to abortion. Now her audit cycle, unlike her menstrual cycle, is neatly completed too.

There is a solution and that’s to have a team of staff that are conditioned to have the same beliefs. I’d have to tread carefully but psych-testing applicants would screen out those with problem-causing conscientious objections. On the other hand, I could employ lots of staff so that I’m sure to have a least one person to accommodate all eventualities. It may mean that name badges would need to become comedy T-shirts if all variables are to be included. Answering the phone would take longer: “Hello, this is the Consey Enchus Surgery, you’re speaking to Mary, and I’m happy to help you with any enquiries except those involving parts of the body below the waist and above the knees. For these you’ll need to speak to my colleague Norma, unless you’re male, because Norma conscientiously objects to male parts since these left her having to single-handedly raise eleven children.” Install a premium phone line and at least we might make extra cash from this scenario.

As a final thought, if, as a practice, we conscientiously objected to smokers, drinkers, the overweight, children, the over-60s, those with chronic diseases, and ‘heartsinks’, what a utopian practice we’d have. But then we’d probably object to having to be in the practice when there’s no one to see. There’s no pleasing some people, is there? They’re so objectionable.
An object lesson in objection

Lef Twitchuck

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