

LETTER TO THE EDITOR RESPONSE

Much to Debate about Conscientious Objection

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Because Christian Fiala and Joyce Arthur absolutely oppose conscientious objection (CO) to abortion, they reject our very research question.¹ We were not debating the desirability of CO but, rather, evaluating the efficacy of laws and policies that regulate the practice of CO in countries in which CO to abortion is permitted by law. Regardless of Fiala and Arthur's opposition, CO is lodged in the abortion laws of the four countries we chose, as well as in 15 of the 22 we had found in an earlier search.² We explained our rationale for country selection in the methods section, which was based on normative research concerns regarding study design, data availability, and feasibility.

We concur that there is much to debate about the political desirability of CO to health care and would add that there is also much to debate about which tactics strategically improve women's access to care, and engage and support willing clinicians and health sectors. As it is a reality that CO is legally permitted in many countries, this study was intended to assess whether access to care could be maintained in those cases where CO is currently enshrined in law, to extract pragmatic lessons for other such jurisdictions and to provide evidence to inform political and strategic deliberations.

References

1. C. Fiala and J. H. Arthur, "‘Dishonourable disobedience’: Why refusal to treat in reproductive healthcare is not conscientious objection," *Woman – Psychosomatic Gynaecology and Obstetrics* 1 (2014), pp. 12–23.
2. S. Aksel, B. Kumar, and W. Chavkin, "A multinational review of efforts to regulate conscience-based objection to abortion" (presentation at North American Forum on Family Planning, Chicago, IL, 2015).

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