REFLECTION

Advance Notification for Conscientious Refusal in Rural Health Care

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ABSTRACT

Clinicians have a federally protected right to conscientiously refuse to provide treatment that conflicts with their core moral or religious values. The American Medical Association affirms that, among other obligations, a physician should give advance notification "before entering into a patient-physician relationship" by making "clear any specific interventions or services the physician cannot in good conscience provide" (Opinion 1.1.7). We apply this guidance to the rural health care context by considering whether giving notification of conscientious refusals is best done in advance of, or during, the clinical encounter. We conclude that giving advance notice should be the moral default in rural contexts, but giving notice during the clinical encounter can be justified where patients are especially dependent upon their primary care physician for their overall medical care.

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INTRODUCTION

Physicians have the federally protected right to conscientiously refuse to provide treatment that conflicts with their moral or religious values. Clinicians commonly invoke conscientious refusal regarding abortion, contraception, sterilization, physician-aid-in-dying, and gender-affirming care. While the issue of conscientious refusals has been a perennial subject of debate since *Roe v. Wade*, the recent *Dobbs* decision, which overturned *Roe v Wade*, has reignited discussion about the role of clinician conscience in health care where clear moral guidance is critically needed.

Views on the accommodation of conscientious refusals sit along a spectrum. At one extreme is the "incompatibility thesis," which holds that conscientious refusal should never be accommodated.[1] At the other extreme is "conscience absolutism," which holds that conscientious refusals should always be honored.[2] Between these 2 extremes are a variety of "compromise views," which hold that some conscientious refusals should be honored and stipulates the moral obligations of clinicians who conscientiously refuse.[3] The American Medical Association (AMA) affirms a compromise view of conscientious refusal, and notes that, among other important moral obligations, a physician should give notice "before entering into a patient-physician relationship" of "any specific interventions or services the physician cannot in good conscience provide."[4]

In this commentary, we consider how the AMA guidance applies to the rural health care context by asking whether notice of conscientious refusal is best given in advance of (via disclosure on practice websites/patient portals, signage in medical offices, or by office staff during patient scheduling[5]) or only during the clinical encounter by the primary care physician (PCP). We focus on rural health care because of the likely disproportionate impact concientious refusal has on patients residing in rural communities, and the subsequent need for patient notification, as well as its unique features that can be overlooked by standard moral guidance.[6-8] Our analysis primarily considers which option best promotes trust in the physician-patient relationship. We conclude that advance notification should be the moral default, but in-person notification during the clinical encounter can be reasonable where patients are especially dependent upon their PCP for their overall medical care.

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Particularly Important Reasons for Advance Notification in Rural Contexts

Patients who live in rural communities already experience barriers to care due to geographic isolation and provider shortages.[9] Physicians who fail to provide advance notification for services that fall outside their moral scope of practice create additional challenges for rural patients. First, rural populations face disproportionately cumbersome transportation burdens as over 33% of rural patients travel more than half an hour to see a PCP.[10] Without advance notification, patients lose valuable time and resources, including workdays and travel expenses, for appointments where some of the care they seek is ultimately not provided. These issues are exacerbated for rural patients who tend to hold a lower socioeconomic status compared with the general population.[11]

Additionally, due to the paucity of specialists in remote areas, patients frequently rely on their PCP's expanded scope of practice to receive specialist-related care. As a result, health care visits often involve addressing multiple concerns in a single appointment, leading to extended wait times for patients.[9] When a patient must reschedule with another willing clinician, they have essentially been sent to the back of a line that is longer and harder to get in compared with nonrural settings. For time-sensitive treatment, this represents both an inconvenience and a potential barrier that may prevent care entirely.

Finally, distrust in the health care system is higher in rural communities and the physician-patient relationship may be further damaged if patients learn of treatment restrictions at the time in which they expect the provided service.[11] For these reasons, giving advance notification should be the default approach of rural health care PCPs. We next give some reasons why this default approach may not be suitable for all rural contexts, however, especially those where patients have very limited access to medical care.

Reasons For In-Person Notification in Rural Contexts

Unique challenges of rural contexts may reduce the effectiveness of some efforts to give advance notification. Technical challenges exist as efforts to provide advance notification through patient portals or websites may have reduced efficacy in rural locations where an estimated 14% of patients lack access to a broadband internet connection.[12] Further, even with broadband access, findings show that rural populations tend to have lower digital health literacy compared with their urban counterparts.[13,14]

In addition to technical obstacles that may mitigate the effectiveness of advance notification, some PCPs may reasonably conclude that giving notification through office signage or postings online are cold forms of communication and are more susceptible to patient speculation into PCP biases and political leanings. For example, if a PCP gives advance notification of conscientious refusal to provide gender-affirming care, patients may assume the PCP holds biases toward the LGBTQ+ community at large, fueling distrust in the physician-patient relationship. A PCP may, without moral inconsistency, conscientiously refuse to provide gender-affirming care while maintaining a commitment to a transgender patient's overall medical care. For example, this is precisely the view of Catholic hospitals, which provide care for more than 1 in 7 patients in the United States.[15] Moreover, the politically charged nature of many services to which a PCP may conscientiously refuse can also invite trust-damaging speculation through advance notification. As a result, advance notification may lead to the avoidance of care altogether, which can be especially damaging for patients in rural contexts where access to medical care is especially limited.

Primary care physicians could reasonably conclude that it is best to give in-person notice of conscientious refusal in advance of technical service, but not in advance of establishing a trusting patient-physician relationship. In-person notification during the clinical encounter allows the PCP to establish a baseline level of trust with the patient before giving notice of conscientious refusal. Giving notice in-person allows PCPs to emphasize that their conscientious refusal to certain medical services should not be conflated with an unwillingness to provide other forms of care for the patient. This approach also allows the patient the opportunity to garner a better understanding of the PCP's specific reasoning for conscientious refusal and allow the PCP to reassure the patient that their use of conscientious refusal will not affect other aspects of their care. Ultimately, encountering a patient who may become upset from learning of restrictions in service provides an opportunity for the physician to model professionalism by reiterating commitment to all other forms of care, and, if the physician is willing, facilitating referral for service and still retaining a commitment to care and expressing respect for the patient's right to hold other moral beliefs. The physician cannot control how patients may respond to a circumscribed moral scope of practice, but they can control their professional duty to compassionately convey it.

Primary care physicians have a duty to inform patients of their restricted moral scope of practice, but whether to do this by giving notice in advance of or during the clinical encounter is challenging in the rural context. Ultimately, PCPs should default to advance notification but may reasonably conclude that in-person notification for some rural contexts is the best way to preserve trust in their physician-patient relationships and promote the rural community's trust in their practice.

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Key words: conscientious refusal; conscientious objection; advance notification; rural providers; rural health care

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