Author's response to reviews

Title: Conscientious objection to referrals for abortion: pragmatic solution or threat to women's rights? A qualitative interview study

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Author's response to reviews: see over
Dear Editor,

we would like to thank the reviewers for their useful comments, and their time and effort. Our replies follow in italics below:

Referee # 1:

One thing I would like a little more detail is the specific legal/policy context in Norway. ie what exactly are the rights or doctors, nurses and indeed students when they have a conscientious objection. I am only looking for a few extra sentences here but it would really help to set the scene for the non-Norwegian reader. Do the relevant professional bodies (or equivalent) have a position on this? Links to further specific reading about the above in Norway would be really useful and allow for European comparisons be made should the reader wish to do so.

We now provide some more information about conscience rights in the Norwegian health care system. There have been some legal developments since the article was first submitted. This is now detailed and expanded in the introduction. We have added a paragraph on the stance of the Norwegian Medical Association. Sadly there is no quality information on the Norwegian regulation of conscientious objection available in English – we agree that links to such information would have been of value to the reader.

Referee # 2:

1. It would be important to set forth explicitly in the beginning of the article the ethical issues that are implicated in the context of conscientious objection to abortion services and the potential ethical duties providers have in this context. It would be useful to have this at the beginning of the article, so as to have background to subsequent information. The article somewhat assumes that the reader understands the ethical issues and duties. For example, when the issue of referral comes up it is somewhat assumed that the reader understands that there is a clear ethical duty concerning ensuring continuity of care.

We have added a new paragraph at the outset of the paper, outlining the basic ethical dilemma and the main specific conflict involved in objections to referrals.

2. Related to point one above, it would be useful for the authors to explicitly identify gaps in the ethical guidance in relation to their research findings. The article somewhat gets to this, but it is not clear.

We do identify the lack of guidelines as a significant reason why the diverse refusal practices have taken the forms they have taken, and we now, in a new paragraph, support the writing of guidelines to overcome negative aspects of the diversity in refusal practices. However, see our reply to comment 6 below for reasons why we are reluctant to provide further normative recommendations.
3. While there is value in the study and in the findings, the informant group is small, only 7. Would be helpful if there is an explanation as to why the informant group is small and that despite this small number there is a value to these findings.

In the methods section we state that, 'Ideally we would have wanted more informants, but repeated attempts did not yield more willing participants.' We have now added a sentence in the section 'The study's weaknesses' on how we believe the study still has merit despite only having seven informants.

4. Add in the Discussion section some discussion on the distinction between partaking in the actual abortion procedure versus fulfilling duties to provide information to patients and/or ensuring continuity of care, in this case referrals, which is a bedrock of patient rights and ethical duties on the part of the provider.

We have added a new paragraph on this, in the section that is now named “Performing versus referring, and varieties of referrals”.

5. It would be useful to add more information explaining the two reasons behind the approach taken to addressing the practice of conscientious objection—lack of regulations and religious denominations, but especially on the former. There seems to be a jump here and would be useful to hear more of how that jump was made.

We agree that this section was not fully clear. It has now been expanded a bit, and rewritten so that the relevance of the two explanations, and how they both contribute to diversity in the referral practices, becomes clear.

6. It would be useful to understand clearly if the authors are proposing more legal regulation and/or ethical guidance on the practice? What is the positive impact that could have and what is the negative in Norway?

We do comment on this with the paragraph that begins with “One upshot is that there may be room for professional guidelines for how conscientious refusals should take place in practice.” Here, we give assent to the production of such a guideline. We are a bit reluctant to propose additional normative recommendations, for three reasons. Firstly, the three authors are not entirely in agreement on the normative aspects of conscientious objection; secondly, as the field is highly normatively charged, we have seen as our main task in the present paper to provide empirical findings – which can then serve as the basis for normative analysis by other authors or elsewhere. Thirdly, for more normative discussion a great many (controversial) premises must be invoked – such as whether conscientious objection as such is morally justified. To be sufficiently well-grounded such discussion would be too lengthy, we believe.

On behalf of the authors,
Morten Magelssen