Author’s response to reviews

Title: Conscientious objection to abortion, the law and its implementation in Victoria, Australia: perspectives of abortion service providers

Authors:
Louise Keogh (l.keogh@unimelb.edu.au)
Lynn Gillam (Lynn.Gillam@rch.org.au)
Marie Bismark (mbismark@unimelb.edu.au)
Kathy McNamee (kmcnamee@FPV.ORG.AU)
Amy Webster (amy.webster@whv.org.au)
Chrsitine Bayly (chris.bayly@rwh.org.au)
Danielle Newton (dnewton@unimelb.edu.au)

Version: 2 Date: 02 Jan 2019

Author’s response to reviews:

3 January 2019

Editor

BMC Medical Ethics

RE: METH-D-18-00137R1, Conscientious objection to abortion, the law and its implementation in Victoria, Australia: perspectives of abortion service providers.

Dear Lingling Tian,

Thank you for the reviewers’ comments and the opportunity to re-submit an amended version of our paper for consideration for publication in BMC Medical Ethics. Below we detail our responses to the editor’s and reviewers’ comments, and an updated version of the manuscript has been uploaded to the online system.
Editor Comments

1) List of Abbreviations

As abbreviations are used throughout the paper, we ask that you include a list of abbreviations (before the declarations section) for reference and ease of reading. All abbreviations should still be defined in the text at first use.

We have provided a list of abbreviations, which appears before the declarations section.

2) Please provide email addresses for all the authors on title page. Please also provide full names of each author on title page.

This is now provided on the title page. Please confirm that only the corresponding author address will be publicly available.

3) In Declarations, please rename the section heading 'Ethics approval' to 'Ethic approval and consent to participate'. Please also provide the 'consent to participate' statements here. For Consent to Participate, please state clearly whether written informed consent was obtained from the participants in this section. If the consent was not in written, please provide a reason why verbal consent to participate was used rather than written consent. Please add this information to the methodology section, and copy the full consent to participate statement into the ‘ethics approval and consent to participate section’

This amendment has been made.

4) Authors contributions. The roles of all authors should be specified by using their initials in this section. For example: ‘AB carried out the molecular genetic studies, participated in the sequence alignment and drafted the manuscript. BC participated in the design of the study, carried out immunoassays and performed the statistical analysis. CD conceived of the study, and participated in its design and coordination. All authors read and approved the final manuscript.

The roles of all authors have now been provided in this section.

5) References. All references must be numbered consecutively, in square brackets, in the order in which they are cited in the text, followed by any in tables or legends. The reference
numbers must be finalized and the reference list fully formatted. Please format the references accordingly.

References have been re-formatted.

Reviewer report

Reviewer 1

I offer a few suggestions to improve the presentation - I think that a few parts of the paper could benefit from being re-written.

P. 3, 2nd paragraph lines 2-3: Here it is asserted that 'the ethical justification for CO ultimately rests on the value of personal moral integrity and two references are cited: Brock (2008) and Wicclair (2011). Wicclair (2011) does not assert that personal moral integrity provides the ultimate justification for CO. He holds that personal moral integrity provides the most important grounds for CO (2011, pp. 25-7), but he also recognises six additional reasons for valuing CO (2011, pp. 27-31). Brock does treat personal moral integrity as the ultimate basis for CO and cites a paper where, according to him, Wicclair treats personal moral integrity as the ultimate basis for CO. This is Wicclair (2006). Assuming that Brock has cited Wicclair accurately then it seems that Wicclair has updated his views. The updated pluralistic view of the grounds for CO spelled out by Wicclair (2011) strike me as more convincing than the simplistic view of Brock (2008) and Wicclair (2006). This discussion needs to be re-thought.

Thank you for raising this important point, and we agree that the wording was misleading. We do not have the scope to go into the other justifications of CO in further detail in this paper, but have edited the section on P3, paragraph 2 to ensure that the claim better matches the references cited,

Although conscientious objection (CO) is often linked to religious freedom (Minerva 2015, Dickens and Cook 2011), one key the ethical justification for permitting CO is ultimately rests on the value of personal moral integrity (Brock 2008, Wicclair 2011).

P. 4, 1st new paragraph, lines 13-14: Here the term 'conscience absolutism' is used. A brief explanation of what this means would be helpful to readers.

We have added the following definition of conscience absolutism to P4, Para 1,
Other countries, like Poland, are closer to the “conscience absolutism” end of the spectrum, meaning doctors neither have an obligation to provide care that conflicts with their conscience nor any obligation to facilitate access to care by another provider (Wicclair 2011).

P. 16: paragraph under the heading 'Political groups'. I found the discussion in this paragraph hard to follow. It is unclear whether participants were alleging that members of anti-abortion groups were deliberately trying to spread confusion or if they were alleging that members of anti-abortion groups were misinterpreting Section 8 and reacting strongly to their misinterpretation. A related problem is that it is not clear why the distinction drawn here is of importance to anti-abortion activists. Referring to a GP without a CO, rather than an abortion service will still, all things being equal, result in an abortion occurring, which the GP with a CO may feel complicit in. Perhaps the paragraph could be re-written?

Thank you for this point, and it is possible that anti-abortion activists may indeed feel that referring another GP is against their conscience. In this paragraph however, we are describing the concern expressed by participants about what they saw as wilful misrepresentation of the legislation for political ends. We have tried to make this paragraph clearer,

A few participants noted that the CO clause in legislation is used politically by anti-abortion groups to undermine law reform. Using a false interpretation of Section 8 to further their political agenda. These groups were reported to have used the media to fuel the perception that Section 8 forces practitioners who conscientiously object to refer women to a service where they can obtain an abortion. In reality, a practitioner’s obligation is simply to refer women to another practitioner “in the same regulated health profession who the practitioner knows does not have a conscientious objection to abortion.” So, in practice, a general practitioner only needs to refer to another general practitioner who does not have a CO to abortion, not to an abortion service. While this may cause moral conflict for some, participants expressed concern that the message promoted by anti-abortionists could provoke unnecessary concern for GPs who may otherwise be willing to refer women to another GP.

P. 18 2nd new paragraph, lines 2-4. Here the authors discuss a view described as 'This view'. However, it is not clear what 'This view' is. This sentence needs to be re-written.

‘This view’ has been changed to ‘the moderate view’

P. 19: lines 10-12. A similar problem to the problem identified on p. 16 occurs here. It is unclear if it is being alleged that the anti-abortion activists under discussion are deliberately spreading
falsehoods, or if they are alleged to be misunderstanding Section 8 and reacting strongly to their misunderstanding. Can this discussion be rewritten?

Hopefully, given the results section has been edited, the discussion on this problem will also be clearer. But the discussion has also been edited as follows,

Such guidelines would also need to be disseminated widely among general practitioners and other related service providers; they could counter misinformation about section 8 by clarifying that conscientious objectors are not required to refer to a provider of abortion services, but to refer to a practitioner without CO, who can then discuss all options. as one participant stated, ‘it’s [section 8] seen as a focal point from the anti-abortionists, that this is something they can jump up and down about Similarly, Lee and colleagues [44] have called for guidelines to support Australian pharmacists in the provision of medical abortion.

Reviewer 2

One very minor comment: On page 12 it says 'eighteen participants' but elsewhere in the manuscript the number of participants is nineteen.

Thank you, we have amended this typographical error

We look forward to hearing from you regarding this manuscript,

Yours sincerely,

Associate Professor Louise Keogh

Health Sociologist

Centre for Health Equity

Melbourne School of Population and Global Health

The University of Melbourne, Victoria 3010 Australia

l.keogh@unimelb.edu.au