

PRACTICAL MEDICAL ETHICS: HOW DO I AVOID ASSISTING WITH VASECTOMIES.

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I have one small difficulty in sharing my experience as a Urology FY1 – I never was one! In those far off days of junior hospital jobs we were simply Urology House Officers. However, despite the change in title, I suspect the day-to-day experience has altered little. For a junior doctor struggling to remain faithful to the teaching of the Catholic Church on matters of sexual ethics, the fear of conflict with consultants or other colleagues regarding the question of vasectomy remains ever-present. In reality, it has probably intensified, given the progressive normalisation and acceptance of contraception since the early 1960's. Looking back twenty years and trying to understand quite why I was so fearful, I think it can be attributed to the circumstances under which I was likely to be challenged. I blanched at the prospect of the ridicule I might incur if I were to speak up for Church teaching at a ward round in front of other doctors, the nurses and, perhaps, the patient. I envisaged that I would be perceived by my colleagues as one of the few surviving members of a quaint, minority religious sect.

1. Junior doctors can do without that kind of stress. Medicine is an inherently stressful profession – there is ample pressure in the work itself, the hours and the additional need to study and maintain proficiency. Further anxieties around the threat of discipline or curtailment of career advancement will, invariably, impact on performance. On the one hand, we need not allow ourselves to be unduly oppressed by the additional burden of ethical matters; at the same time though, a crunch-point is inevitable during the course of a four-month post, during which we will have to face squarely the question of avoiding cooperation with the procedure of vasectomy. As ever, we can look to the example of St

Thomas More who only went to the gallows after exhausting every human and supernatural means to keep his life. As Catholics we wish to bring Christ to the workplace, we don't wish to cause conflict for its own sake. If we can maintain good relations with our senior colleagues, we are more likely to sway hearts and minds as well as keep our careers on our shoulders. Only thus can we have an influence for good; an unemployed doctor is unlikely to have much impact, however well intentioned she or he may be.

So, what is the best way to proceed after discovering that we have been allocated to a Urology FY1 post?

An important first move is to establish what the particular post allocated entails. By contacting the incumbent FY1, we can ascertain details of how the consultant Urologist(s) likes to work and establish what pre and post-operative clinical duties you are expected to be involved with. Most important of all, enquire as to whether vasectomy is actually undertaken in the department. If it isn't, then you don't really have a problem as regards this job and the wisest thing would be to keep quiet and complete that part of your training with powder dry in preparation for future skirmishes which will almost certainly occur.

In reality though, it is pretty inevitable that you will find yourself working for a consultant who regularly performs vasectomy as part of NHS services. In that case, you will need to turn your attention to carefully preparing the ground well before you are in post by advising your senior colleagues of your conscientious objection. You do have the option, of course, to "duck and dive", dealing with problems as they arise but experience has shown that this is generally an imprudent strategy which will irritate or anger your boss who, quite understandably, may view you as obstructive, not to say inconsiderate and discourteous. I would begin then by constructing a carefully worded and well thought out letter to the consultant in charge. A suggested format is given below:

Dear.....

I have recently been allocated to your FY1 post at xxxxx Hospital commencing on xx/xx/xxxx. I have heard great things about the job and am looking forward very much to working on your firm.

As a matter of courtesy, I would like to bring an issue of conscientious objection to your attention. Because of my chosen formulation of medical ethics, I find myself unable to cooperate with the pre-operative or operative care of patients undergoing vasectomy. My sincerely held belief is that, from a holistic perspective, vasectomy is not in the best interests of the patient.

I appreciate that this is a minority view currently and that I do not have the right, nor would I wish, to impose my personal morality upon others. At the same time, I am sure you would agree that it would be quite wrong for the Trust or any patient to be permitted to impose their particular sense of morality upon me. I would therefore greatly appreciate an arrangement whereby I could be excused from the pre-operative and operative care of vasectomy patients. Naturally, I understand that I have an absolute duty to attend and treat patients where postoperative events and complications require medical intervention.

I would like to emphasise that I am making no subjective judgement whatever upon the patients or indeed healthcare professionals involved in the procedure of vasectomy. I have no reason at all to suppose that any patient or staff-member may be acting in opposition to their informed conscience. I also understand fully that the patient is primarily under the care of yourself and that I do not have the right to obstruct this clinical relationship in any way.

I am aware that a disruption to the day- to- day working of the firm might be anticipated by virtue of my employment and that it might seem that I expect a lighter workload. However, I would be quite prepared to take a commensurate pay-cut in respect of the services I would not be providing whilst continuing to work the same hours as other junior doctors of my grade. I also appreciate that, from an educational perspective, I have a serious duty to be fully informed about the procedure to which I am objecting and would certainly aim to do all the necessary reading as well as attending theoretical training sessions.

I do have several colleagues sharing my view who have successfully completed junior urology posts having made their position clear from the outset and ensured that all relevant medical and nursing staff were made appropriately aware of the situation. It is my understanding that the logistics of balancing the rights of patient and doctors were reasonably straightforward to coordinate.

My sincerely held beliefs are based upon scientific, philosophical and religious positions which I understand to be compatible with the rights afforded to me by the European Convention on Human Rights.

I would be very happy to meet with you prior to commencement of the post with a view to discussing the issue of conscientious objection in more detail. However, given how very busy you must be, I would be more than happy to communicate in writing or by email (address above).

I would like to thank you sincerely for your consideration of my position and emphasise once again how much I look forward to working in urology under your supervision. I hope and believe that you will find me to be an enthusiastic and industrious asset to your team.

Yours sincerely

From my experience, most, if not all, consultants will see your “problem” as a non-issue and you will be accepted as just another member of the team. One benefit of the liberal times we live in is that there are many true liberals in consultant posts who will view your position as simply one more among many. It is most likely that you will not encounter major difficulties provided you are completely honest with your boss and give plenty of advanced notice regarding your conscientious objection.

Finally, it would be wise to bear in mind that the problem of vasectomy is part of the wider issue of contraception per se. The secular world now views contraception as a necessary and morally good practice. As Catholics, we are very much swimming against the tide and might indeed find ourselves

labelled as members of that odd religious minority mentioned earlier. This, though, gives us a great opportunity to explain why the Church has maintained its teaching in this area despite pressure from within and without to change. For this reason, we will do well to be very familiar with the theological and philosophical principles which underpin the Church's opposition to contraception and why it advocates the very different practise of natural family planning. We are not here in sound-byte territory and should be aware that deep study of sexual ethics is required in the modern age if Catholic Christianity is to be understood by the world. As doctors, we will inevitably be questioned about this in the workplace and thereby receive great opportunities to enlighten others about the Love of God.

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