

**CAN A SELECTIVE APPROACH  
TO CONSCIENTIOUS OBJECTION  
BE JUSTIFIED IN THE CONTEXT  
OF TRACK 1 & 2 MAID**

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# CONSCIENTIOUS OBJECTION: THE ALL OR NOTHING APPROACH



CO is based on the universal or absolute rejection of some action.

This can be traced to the way CO to military service; only those who reject the use of violence universally are permitted to avoid a draft (a really high bar!)

This seems to be the way CO is thought to work in healthcare. However, it is surely the case that healthcare professionals who morally object to abortion nonetheless recognize it is sometimes clinically necessary.

In my view, the universal requirement is largely pragmatic.

# SELECTIVE CONSCIENTIOUS OBJECTION (WAR)

What a selective approach to CO might entail is not clear.

Most discussion has been in the context of military service.

The best way to think of it is in terms of the claim being made; rather than objecting to all wars (pacifism), selective CO means objecting to some wars and not others.

There seems scope to articulate a principled position—a just war theory—and to argue that if the relevant criteria are not met then one should be allowed to opt-out.

There is some sympathy for this position, but it generally falls to the idea that neither soldiers nor draftees are able to (fully) assess the case for war.



# SELECTIVE CONSCIENTIOUS OBJECTION (IN GENERAL)



Universal rejection of X only seems possible if and when it is considered morally wrong by definition (murder, rape). In essence, pacifists consider violence to be morally wrong *by definition*.

Few terms are like this and whilst some would reject the moral legitimacy of (active) euthanasia in all cases the line between this passive euthanasia is blurred (killing and letting die).

The best account of selective CO that one can give is in terms of a principled or generalized moral stance that clearly delineates between morally un/acceptable instances of X (a 'just war' theory for abortion or euthanasia).

## MAID IN CANADA: TRACK 1 & 2

- Track 1 MAiD is for the terminally ill, those whose “natural death has become reasonably foreseeable.”
- Track 2 MAiD is for those for whom this is not the case.

The underlying (moral) rationale for both is an autonomous decision made in the face of (autonomously evaluated) suffering.

Track 2 was introduced due to legal challenge; under Canadian law restricting MAiD to those who are dying was deemed discriminatory. The difference between Track 1 & 2 is largely about administrative checks and balances.

*Aside:* could have gone the other way; is it discrimination to think that those who are terminally ill no longer have lives worth living?



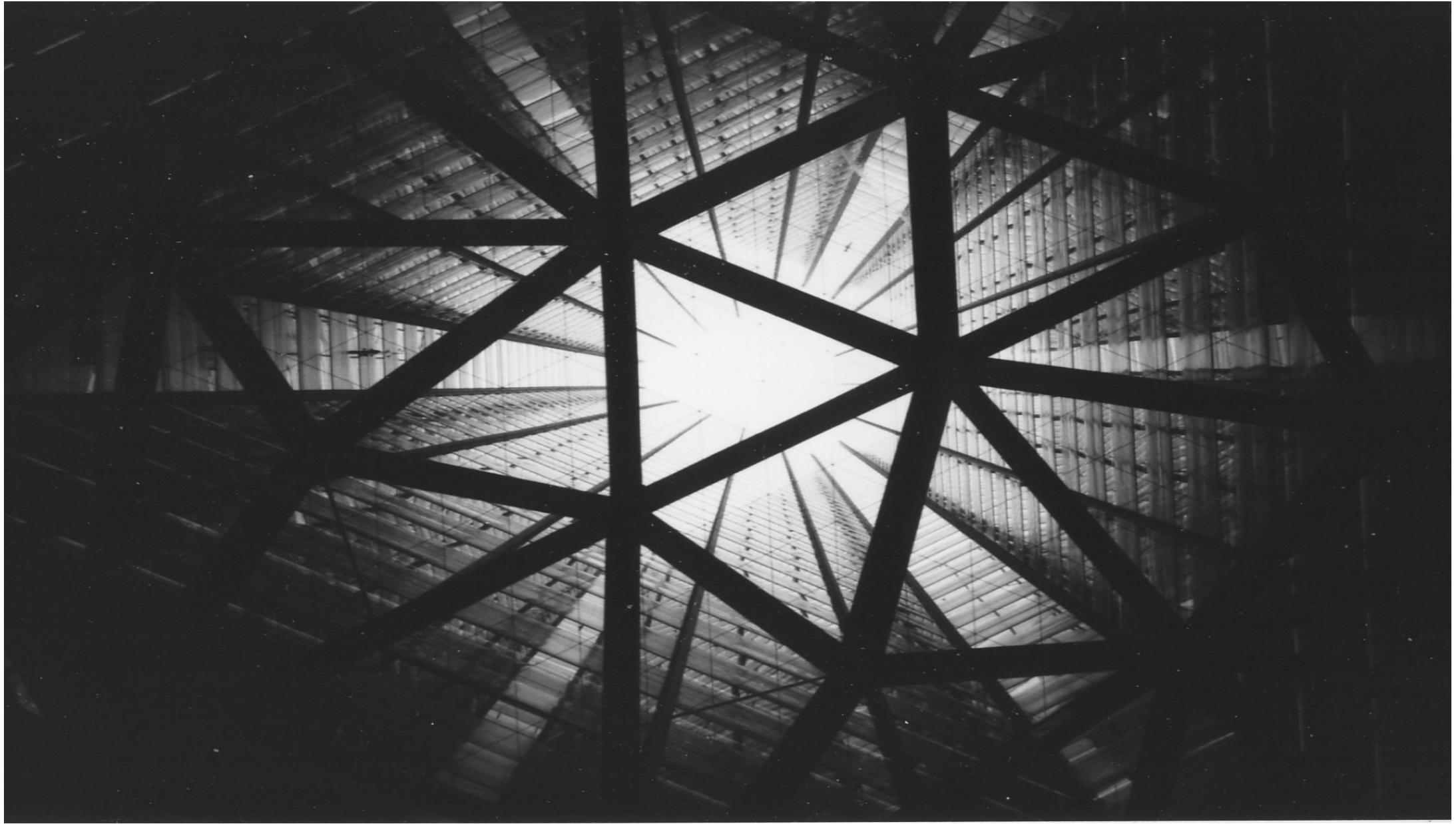
## SO, NO SELECTIVE CO TO MAID?



If there is no principled moral distinction between Track 1 & 2 MAiD then one cannot endorse a selective approach to CO in its provision.

However, it may be that the account of selective CO we are relying on is too strong. Might it be enough to feel comfortable with a terminally ill patient's choice to end their life but (morally) uncomfortable with the idea that those who are not terminally ill might wish to do so?

Most jurisdictions that have introduced MAiD (etc.) have limited it to those who are terminally ill, perhaps because this kind of restriction provides some reassurance that the decision is rational, understandable or *comprehensible* (especially when suffering is entirely self-defined).



# SESSION SCHEDULE

TIME DATE YEAR



# TITLE

