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Title: Moral Compromise in Altruistic Service to the Public

Abstract:

Extending the healing ministry of Christ demands that we model his self-sacrificial stance toward others. Adventist healthcare is an outward-facing ministry to the public, accredited and licensed by State and Federal agencies. Adventist healthcare is a business, offering service to the public in a range from acute to long-term care settings. Medical science and practice standards dictate clinical therapies we offer at every level. Yet, based upon our sectarian beliefs, we routinely refuse to offer certain treatments we deem morally objectionable.

Today, societal norms are dramatically shifting such that we don't want to offer some legally available treatments to the public we serve. Physician assisted death, abortion, and gender transition therapies are legally protected and should be available in locations where we offer healthcare in America. But we refuse to offer them.

Patient autonomy and customer choice now dominates the American healthcare industry and along with it, Adventist healthcare. We would do well to establish clear lines of conscientious refusal and publicize what treatments we will not provide in our hospitals. In healthcare ethics literature, conscientious objection/refusal takes three forms:

- Conscience Absolutism in which our conscience dictates what we offer to the public;
- Compromise Approach in which we lay out morally distinguished service lines;
- Incompatibility Thesis in which we embrace altruistic, full service to the public.

This talk asserts we are already in the compromise approach and will explore means of protecting Adventist sectarian standards in public service. Such protection demands greater theological clarity within SDA fundamental beliefs focused on conscience. Is it possible to coherently speak of an institutional conscience for Adventist healthcare? Does the General Conference of Seventh-day Adventists get to decide the contours of Adventist conscience in American healthcare?