Ethical Considerations

Ethical approval for this study was obtained from the Emory University Institutional Review Board, and from the ethics committees of Universidad de los Andes, Profamilia and Oriéntame in Bogotá. All participants provided informed consent prior to being interviewed. Key informants provided written consent, because of the sensitive nature of the interviews, conscientious objectors provided oral, rather than written, consent, thus ensuring that their names were not recorded, and providing peace of mind that helped them feel comfortable giving honest answers.

RESULTS

Insights from Key Informants

In the context of Decision C-355/06, “health” can be understood using the World Health Organization definition: a “state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.” Thus, as one key informant—the head of a leading women’s health nongovernmental organization based in Bogotá—explained, anyone faced with a pregnancy that is unsustainable (whether for social, economic or physical health reasons) fits the Colombian court’s seemingly restrictive criteria and should be able to obtain a legal abortion. However, abortion opponents and some conscientious objectors adopt a more restrictive interpretation of the law; despite extensive case law prohibiting such actions, physicians, especially conscientious objectors, take on the role of gatekeeper in many hospitals. A key informant involved in regulatory oversight pointed out that the “murky” legal situation is complicated by the suspension of Decree 4444, a regulatory ruling that spelled out specific policies for the implementation of decriminalized abortion.

Implementation of regulations around conscientious objection has been inconsistent, according to key informants. Despite case law outlining how and when conscientious objection should be practiced, hospitals continue to set their own policies and practices, which may or may not include maintaining a registry of objectors and clear protocols for referral. Some religious hospitals, key informants reported, continue to claim “institutional objection,” despite clear case law disallowing such actions. A physician who worked in one of the implicated institutions explained that she and her colleagues were asked to “voluntarily” sign declarations of objection when they began their jobs at the hospital. She believed abortion activists misunderstand the way the situation is presented: The institution itself is not objecting, it just does not have any physicians who are willing to perform the procedure.

Toward a Typology of Objection

During the interviews, three overarching profiles, or “types,” of conscientious objection emerged: extreme, moderate and partial objection. Partial objection can be further split into two subcategories: gestational-age-based partial objection and case-by-case partial objection. The three types can be conceptualized along a spectrum (Figure 1). This spectrum is a simplistic, two-dimensional representation of a complex phenomenon, and the seemingly contradictory or inconsistent views of some interviewees might be better portrayed as a series of dynamic positions along the spectrum than as a static point. Nevertheless, the three types and their organization along the spectrum are useful tools that help us describe the diversity of perspectives.

The idea of the types began to emerge during preliminary coding of the key informant interviews and the first four or five objector interviews. Because we were using an iterative data collection and analysis process, wherein data collection and preliminary analysis took place at the same time, we decided to explore the idea of typology by purposefully sampling for each type of objector during the last two weeks of recruitment and interviewing. The final sample comprised six moderate objectors, three extreme objectors and five partial objectors. The partial objectors can be further classified as follows: three objected to abortion after 22–24 weeks because of concerns about viability; one objected to abortion after 14 weeks because of concerns about maternal health; and one investigated the reasons for abortion.

FIGURE 1. A spectrum of conscientious objection

- **EXTREME OBJECTORS**
  - Oppose “unnatural” birth control and abortion in all cases
  - Often refuse to refer
  - Use inaccurate legal and medical information to try to dissuade patients

- **MODERATE OBJECTORS**
  - Appreciate need for safe services
  - Quickly refer to non-objectors
  - Provide accurate medical and legal information, but may still try to dissuade patients

- **PARTIAL OBJECTORS**
  - Case-by-case: refuse to provide abortion for certain indications (e.g., to protect mental health)
  - Gestational age: Set own limit because no limit is specified in law
  - Use informal, ad hoc referral systems