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INTEGRATIVE REVIEW ARTICLE

CONSCIENTIOUS OBJECTION AND LEGAL ABORTION UNDER THE PERSPECTIVE OF HEALTH: INTEGRATIVE REVIEW OBJEÇÃO DE CONSCIÊNCIA E ABORTO LEGAL SOB A PERSPECTIVA DA SAÚDE: REVISÃO INTEGRATIVA OBJECCIÓN DE CONCIENCIA Y ABORTO LEGAL SOBRE LA PERSPECTIVA DE LA SALUD: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the Brazilian scientific papers on the use of the concept of conscientious objection on the set of legal abortion. **Method:** an integrative review, which left the following question << What is the scientific knowledge produced by Brazilians about the appropriation of the concept Conscientious Objection by health professionals in the context of abortion provided by law?>> A search in LILACS, MEDLINE, Cochrane BDNF and virtual libraries and SciELO databases was performed. We identified five articles that represent the study sample according to level of evidence. **Results:** there is an incipient appropriation of the concept Conscientious Objection by health professionals where the nurses anchor the meanings based on the Code of Ethics for Professional Nursing. **Conclusion:** a critical and detailed structural assessment of the reports indicate that nurses are more difficult to understand the right to Conscientious Objection by little appropriation of their concept. **Descriptors:** Legal Abortion; Health Personnel; Nursing Staff; Knowledge, Attitudes and Practice; Bioethics.

RESUMO

Objetivo: analisar as produções científicas brasileiras sobre a utilização do conceito objeção de consciência no cenário do aborto legal. **Método:** revisão integrativa, que partiu da seguinte questão << Qual é o conhecimento científico produzido por autores brasileiros acerca da apropriação do conceito Objeção de Consciência por parte dos profissionais de saúde no contexto do aborto previsto em lei? >> Foi realizada uma busca nas bases de dados LILACS, MEDLINE, BDNF e bibliotecas virtuais Cochrane e SciELO. Identificaram-se cinco artigos que representam a amostra do estudo, segundo o nível de evidência. **Resultados:** existe ainda apropriação incipiente do conceito Objeção de Consciência por profissionais da saúde, sendo que os enfermeiros ancoram seu significado baseando-se no Código de Ética dos Profissionais de Enfermagem. **Conclusão:** a avaliação estrutural crítica e detalhada dos artigos indicam que os enfermeiros apresentam maior dificuldade para compreender o direito à Objeção de Consciência pela pouca apropriação de seu conceito. **Descritores:** Aborto Legal; Pessoal de Saúde; Equipe de Enfermagem; Conhecimentos, Atitudes e Prática em Saúde; Bioética.

RESUMEN

Objetivo: analizar las producciones científicas brasileñas sobre la utilización del concepto objeción de conciencia en el escenario del aborto legal. **Método:** revisión integradora, que surgió de la siguiente pregunta << ¿Cuál es el conocimiento científico producido por autores brasileños acerca de la apropiación del concepto Objeción de Conciencia por parte de los profesionales de salud en el contexto del aborto previsto en la ley? >> Fue realizada una búsqueda en las bases de datos LILACS, MEDLINE, BDNF y bibliotecas virtuales Cochrane y SciELO. Se identificaron cinco artículos que representan la muestra del estudio, según el nivel de evidencia. **Resultados:** existe también la apropiación incipiente del concepto Objeción de Conciencia por profesionales de la salud, siendo que los enfermeros basan su significado en el Código de Ética de los Profesionales de Enfermería. **Conclusión:** la evaluación estructural crítica y detallada de los artículos indican que los enfermeros presentan mayor dificultad para comprender el derecho a la Objeción de Conciencia por la poca apropiación de su concepto. **Descriptor:** Aborto Legal; Personal de Salud; Equipo de Enfermería; Conocimientos, Actitudes y Práctica en Salud; Bioética.

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INTRODUCTION

The contemporaneity contributed to the emergence of pluralist and secular societies in many countries, posture accompanied by Brazil. Pluralism implies the coexistence of moral diversity, which may cause conflicts of different origins.

In this scenario, bioethics emerged as a possible mediation of moral conflicts by taking as reference the principles of autonomy, justice, beneficence and non-maleficence, and others that could be mentioned. At the same time it seeks to promote social justice, assumes the role of mediator in ideological, moral, religious and philosophical effects, thus helping to ensure the separation between the Lay State and church.^{1,2} Perhaps one of the major advances in context has been to ensure the exercise of conscientious objection, understood as the right to freedom of thought, conscience and religion, although the latter has more specific criteria for its use. This is a theme that appears in many ways, beginning to be widely debated and has clear implications in the context of health care.³

A Conscientious Objection is revealed as able to contribute to the humanization in health facility because underlies professionals in establishing relationships marked by respect for diversity of cultures, beliefs, values and convictions of individuals characteristic of a pluralistic society and tolerant. This tool has also been used by health professionals when their personal beliefs go against the procedures to be dispensed in the health care of the population process. Professional codes of ethics offer support for the positions arising from Conscientious Objection since they do not counter the right of patients attending in the services, especially on issues related to women's sexual and reproductive rights.^{1,4,5}

There is an argument that nurses can "make use" of Conscientious Objection and enjoys it, preferably when the team is on duty is completed.⁶⁻⁹ Otherwise claiming Conscientious Objection may generate a hostile experience between professional and the patient, which may be understood as disregard for the safety, rights and care that should be released. A situation like this can still cause trouble for the team management.⁶

It is added to this thought, the idea of Conscientious Objection understood as "*opt out*" and in the presence of increasing technological advances, may cause difficulties in providing all the health care that people need.¹⁰ The increase in its use raises questions

on how to be considered: right or privilege, depending on the time that is required by professionals.

Most recent debates, coming from the University of Oslo, defend five criteria that must be met for a person to be considered one conscientious objector, be accepted in society and still remain morally acceptable.¹¹ The potential conscientious objector is faced with two important things: first, is the need to maintain professional integrity in order to protect their moral health, legitimate basis for their health. On the other, it is the law of receiving health care in a humane and respectful society.

The outlined criteria cover the following situations: 1) the patient care can seriously damage the health and moral integrity and professional caregiver who believes that the procedure is a serious violation; 2) the position of being an objector must be based on a plausible moral or religious reasons; 3) the treatment is not considered an emergency for the user who is under the care of a health professional who assumes the role of objector; 4) the attitude it will not cause health risks to the patient; 5) the request to other colleagues who perform the procedures does not require additional charges for them.¹¹

Unlike what happens in European, American and even in Oceania, where the theme of conscientious objection is discussed for several decades, this issue has been rarely discussed among health professionals, researchers and Brazilian society. It is most often associated with issues related to early life, though it raises many controversies.¹²

This is precisely what occurs in practice Abortion Planned in Law (Legal Abortion) when the provider can put himself as a conscientious objector and refusing to participate in the procedure for pregnancy interruption. The Ministry of Health indicates that in case of pregnancy resulting from sexual violence is the right of women and adolescents, as well as their legal representatives be informed about the possibility of pregnancy interruption as provided for in the Brazilian Penal Code, as the right to maintain it until its end, opting for donating or not of the newborn.¹³ However, regardless of the woman or adolescent decision, care for the abortion or prenatal care will be guaranteed to them.

Sexual violence remains increasingly in Brazil, originating in the unequal power relations. With the passage of time, this violence took larger proportions, affecting society as a whole and affect the individual

alone, generating traumas of difficult reversal.¹⁴ In this sense, many efforts have been made in Brazil with regard to performance in sexual violence in the form of care networks¹⁵ Sometimes sexual violence results in an unexpected, unwanted pregnancy which highlights the complexity of psychological, social and biological reactions and is seen as a second violence, intolerable for many women.¹³

In Brazil, a legal interruption of pregnancy in adult women is not subject to judicial decision, submission of police report or even the finding of the examination of corpus delicti. Thus, there is no legal support for health services deny the procedure, although some professionals refuse to perform it, reaching support in professional codes of ethics of nurses and physicians.^{16,17}

Brazil has 557 childcare services for women victims of sexual violence. Of these, 63 carry Abortion Planned in Law and 30 others today are receiving training for that. However, until today, there are few reports of research conducted on the use of conscientious objection by health staff dispensing care to women who seek abortion provided by law when victims of sexual violence.¹⁸ Considering the above, our primary goal is:

- To analyze Brazilian scientific productions on the use of the concept of Conscientious Objection in the setting of legal abortion.

METHOD

It is an integrative review with careful collection of information carried out by literature, considered one of the best ways to begin a study.

The general purpose of a search that uses the literature review is to gather knowledge about a particular subject, contributing significantly to support knowledge in the field of Nursing, in this case the link between Abortion and Conscientious Objection Legal.¹⁹ Integrative review is an instrument of the Evidence-Based Practice, which is defined as a guided care by the results of the research, expert consensus or combination of both.²⁰

This research served five stages set for elaboration of the integrative review²¹ from the following question: what is the scientific knowledge produced by Brazilians about the appropriation of the concept Conscientious Objection by health professionals in the context of abortion provided by law authors? This phase was designed to give a clear identification of the problem and the purpose of this research with the objective of defining

the focus and scope for the process of integrative review.

For data collection we used the following databases: Latin American and Caribbean Literature on Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Database of Nursing (BDENF), virtual libraries Scientific Electronic Library Online (SciELO) and Cochrane.

Articles were selected in September and October 2012, critically analyzed after reading in full. To systematize the procedure and ensure proper analysis of qualitative studies, specific data collection instrument was used to the type of method.

To refine the research, the sample was defined based on the following criteria for inclusion: the articles have been published since 2000 and are available online in full text, at least one Brazilian author, approaching the subject of Objection Consciousness in Brazil, which contained as controlled descriptors: " Legal Abortion" (Law on Abortion Planned) coexisting with "Personal Health" or "Knowledge, Attitudes and Practices in Health" or "Bioethics" or "Team Nursing" or "Ethics "or" Sexual Violence "or" Rape" as a descriptor and uncontrolled,"Conscientious Objection", which were crossed with each other. The increase of the quantitative descriptors for collecting aimed to secure a perfected search of the articles in the databases.

Exclusion criteria were defined as follows: Brazilian and international articles available online without or availability of full text articles published before 2000 or articles in the following categories: editorial, abstract theses, dissertations or monographs, or those who, after examination, showed score below four, according to pre-established criteria by CASP. The outlined requirements contributed to set the research strategies that well defined, were critical to maintaining the rigor of the study.

We developed a tool for collecting and analyzing data that included the following: journal, the author(s), academic training, study and year of publication, study method, approach, which allowed the planning, coding, categorization and development resume to be effected a complete and impartial interpretation of the information collected. Selected articles were critically analyzed by judges, using three instruments:

1) Critical Appraisal Skills Programme - CASP, which integrates the Public Health Resource Unit- PHRU of UK. The instrument consists of 10 items with a score of one point per item (maximum 10 points), covering the

following aspects: 1) goal; 2) methodological adequacy; 3) presentation of the theoretical and methodological procedures; 4) sampling; 5) procedure for data collection; 6) relationship between researcher and researched; 7) consideration of the ethical aspects; 8) the procedure for data analysis; 9) presentation of results; 10) importance of the research. According to these criteria pre-established by the CASP, the studies were ranked according to their scores: 06-10 points (good methodological quality and low bias) and a minimum of 5 points (satisfactory methodological quality, but with increased risk of bias).²²

2) Hierarchical Classification of Evidence for Evaluation of the Studies.^{22,23} This proposal includes the following levels: 1) systematic review or meta-analysis; 2) randomized controlled trials; 3) clinical trial without randomization; 4) cutting studies and case-control; 5) Systematic review of descriptive and qualitative studies; 6) single descriptive

or qualitative study; 7) opinion of authorities and/or committees report specialties.

3) Impact Factor: One of the ways to assess the quality of a publication is to verify the level of interest of other researchers for research. The method for obtaining this measure is given by the quantity of article citations in the references of other authors in their work. The Impact Factor (IF) is a system that determines the amount of times a publication is cited in a certain period of time divided by the number of articles published in that same period.²⁴

RESULTS AND DISCUSSION

Initially the review results as they relate to the sources, characteristics and selection of articles selected (Figure 1) will be presented. After this step, the review was performed of the included studies with the objective of encouraging the establishment of links as it relates to the contents of the articles.

Database	Articles found		Pre-selected Articles		Excluded		Included	
	n	%	n	%	n	%	n	%
SCIELO	21	2,1	5	16,1	2	10,5	3	25
BDEF	4	0,4	4	12,9	2	10,5	2	16,6
COCHRANE	1	0,1	0	0	0	0	0	0
LILACS	197	20,4	15	48,3	10	52,6	5	41,6
MEDLINE	740	76,8	7	22,5	5	26,3	2	16,6
Total	963	100	31	100	19	100	12	100

Figure 1. Quantity of articles found, pre-selected, excluded and included according to databases search. Brasília-DF, 2012.

Figure 1 shows in the column labeled Articles Found the result of crosses between the descriptor Legal Abortion with the following: 1) Bioethics: three articles were found only at the base SciELO; 2) Health Personnel: 544 texts were located, and 532 in Medline, 11 in Lilacs, and one in SciELO; 3) Knowledge, Attitudes and Practices in Health: without findings; 4) Rape: 155 articles were found, and 117 in Medline, 32 in Lilacs, five in SciELO, and one in BDEF; 5) Sexual Violence: there were 54 texts, 10 in Medline, three in SciELO, 40 in the Lilacs, and one in BDEF; 6) Ethics: 165 articles were found, 81 in Medline, six in SciELO, 76 in Lilacs and one in BDEF; 7) Nursing Team: totaled 34 articles, 33 in Lilacs and one in BDEF. For the descriptor uncontrolled Conscientious Objection was a total of eight articles, three in Lilacs and five in SciELO.

In the Pre-selected column contains the articles that contemplated the inclusion criteria, which were read in full in order to find some inference about Conscientious Objection or its concept and use in Brazil. The column labeled Included portrays the adequacy of the study all of the criteria for inclusion in this study. During the survey in

the databases, we observed the need to include other descriptors, in order to ensure greater coverage, including a larger number of studies, in order to ensure safety and reliability.

Some aspects deserve special mention: articles that addressed in the title, abstract and descriptors certain topics not covered during the full reading of the text, hampering the evaluation and selection of items in the inclusion criteria for this search. With regard to the descriptors, it was observed that its delimitation by the authors do not always correspond to the terminology adopted in the Health Sciences Descriptors Headings (MeSH) of the Virtual Health Library or the Medical Subject Headings (MeSH) and, either, providing descriptors uncontrolled. The articles found in a database in more were discarded, keeping only one of its bindings.

Author and Academic Curriculum	Title	Journal	Method (type of survey instrument and data collection)	Year
Lunardi VL, Simões AR ²⁵	(Re)Actions of nursing team facing the possibility of participation in a legal abortion.	R Enferm UERJ 2004;12:173-8.	Qualitative. Semi-structured Interview.	2004
Higa R, Reis MJ, Lopes MHBM ²⁸	Legal interruption of pregnancy resulting from rape: nursing care for women attending a public service of the city of Campinas-SP.	Cienc Cuid Saude 2007; 6(3):372-6.	Not described in the article	2007
Bedone AJ, Faundes A ²⁶	Integral Care to Women victims of sexual violence, Center of Integral Care of Women's Health, State University of Campinas-SP.	Cad. Saúde Pública, 2007;23(2):465-9	Not described in the article	2007
Diniz D ¹²	Conscientious objection and abortion: rights and duties of doctors in public health.	Rev Saúde Pública, 2011; 45(5):981-5.	Not described in the article	2011
Farias RS, Cavalcanti LF ²⁷	Acting on the situations of legal abortion from the perspective of health professionals Municipal Hospital Fernando Magalhães.	Ciência & Saúde Coletiva, 2012;17(7):1755-63,2012.	Mixing methods: qualitative and quantitative. Institutional documents, semi-structured interviews.	2012

Figure 2. Brief presentation of the items included in the instrument of data collection. Brasilia-DF, 2012.

Training for professionals listed in Figure 2 was investigated in the Lattes Platform from the National Council for Scientific and Technological Development (CNPq). Concerning methodological design, we stress the need for greater clarity or even description of the method adopted for the study, as well as better adherence to the requirements demanded by the journals.

These aspects were the subject of many debates among judges who evaluated the articles, including speculating on possible methods applied, two of which showed characteristics of reporting experience and third party review or editorial, not explained by the authors, among the analyzed articles.

Article´s Title	General Objective	Evidence Level	Impact Factor	CASP
(Re) Actions of nursing team facing the possibility of participation in a legal abortion	Understanding how the nursing staff (re) acts facing the possibility of participating in the realization of a legal abortion.	6	Not found	A
Legal interruption of pregnancy resulting from rape: nursing care for women attending a public service of the city of Campinas-SP	Describing the nursing care in CAISM / Unicamp, the woman who suffered sexual violence and opted for legal interruption of pregnancy resulting from rape.	—	Not found	B
Integral Care to Women victims of sexual violence, Center of Integral Care of Women´s Health, State University of Campinas-SP.	None	7	0,7510	A
Conscientious objection and abortion: rights and duties of doctors in public health.	Discussing the device of conscientious objection by physicians, with the concrete situation of legal abortion services.	7	1,0540	B
Acting on the situations of legal abortion from the perspective of health professionals Municipal Hospital Fernando Magalhães.	Analyzing the perceptions of health professionals Municipal Hospital Fernando Magalhães (HMFM) on the way he responded to situations of legal abortion.	6	0,5220	B

Figure 3. Presentation of critical analysis of the studies included determining the CASP, Level of Evidence and Impact Factor, Brasilia-DF, 2012.

Regarding the Impact Factor in two journals with Qualis B1 this information was not available, which limited the critical review of the process used. Two of the remaining articles were published in journals belonging to each stratum A2 and B1. In such cases the impact factor was collected considering the period of three years, taking 2012 as the base year.

The analysis for determining the level of evidence - which is based on methodological approach adopted for the development of the study - and CASP - which has as its object the appropriateness of evaluative text structure -

found barriers to its definition when the article had little consistency as related to the methodological design. Other aspects were hindering the indeterminacy of goals, ethical aspects not described, in the absence elucidation of the selection. It was observed also high incidence of inconsistencies in the presentation of the objectives, results and final considerations. In addition, gaps were evidenced in the description of the relevance of research and the need for improvement in the field of study.

The link between conscientious objection and legal abortion in Brazil is approached by

the authors sparingly and when they do, just establish their connection to the professional codes of ethics, specifically in the areas of nursing and medicine. The term conscientious objection, itself, was addressed in two articles in which the authors were from the field of Social Sciences, Social Service and Law.

The other three papers presented the placement of health professionals to deal with the legal abortion, should be the acceptance of the reality experienced as expressed in the following utterances:

*I do not have to solve anything, I have to accept the decisions for the procedure (E1b). There's no way to deny, it comes with everything to make abortion the doctor is doing everything, we only do what is prescribed (AEf).*²⁵

There is difficulty positioning themselves due to story submission and lack of professional autonomy experienced by nurses. However, it is explicit in the Code of Ethics for Professional Nursing that the team can choose to participate or not the procedures required for the completion of legal abortion.

There are conflicting references related to the awareness of professionals to accept the practice of legal abortion, but must be submitted to the dictates of personal conscience.²⁶ One of the main conflicts that are negative to participate in abortions provided by law with respect to the influence that religion prints in the design of what would be right or wrong to define the attitudes of people.²⁷⁻⁸ Professional wrongly considers the conduct of people who undergo legal abortion, regardless of their presence in the service.

One of the articles analyzed "Conscientious objection and abortion: rights and duties of doctors in public health"¹² proposes the construction and use of a third thesis called justification, formulated in the light of two others: incompatibility thesis and thesis of integrity, where author infers that the right to conscientious objection by the medical profession is not absolute for the purpose of bringing less harm to women's health.

FINAL REMARKS

The findings showed that health professionals have little knowledge on the use of Conscientious Objection in the context of realization of legal abortion in Brazil. The reflection on the attitudes and daily practices allows them to not cross the limits imposed by the need to comply with their duties and obligations, prefer to go against their conscience and resolve the issue soon, which

would remove the problem until the next event.

Regarding the nursing staff, there is still a question: is there a deficit in understanding of the ethics code or lack of empowerment to act as nurses assuming prerogatives inherent to the profession? It is vital in-depth knowledge of the ethics code, essential to subsidize professional attitudes in the context of the everyday practices of health care instrument.

For medicine too, appears a deficit in understanding of the Criminal Code, causing suffering is reflected in the need to participate in procedures considered illegal by professionals, but they are made out of fear that may involve litigation.

One of the main difficulties encountered by authors and judges to carry out the evaluation of the articles was the weakness in the establishment of the necessary coherence that should exist between the different elements that make up an article: title, description, ABSTRACT, objective, methodology and results, discussion and conclusion. This allows us to comment on the importance of textual structure, which will contribute to harmonic compositions and faithful to the scope proposed in the journals.

The issue of conscientious objection requires deepening, discussion and research that contributes to the increase in the number of published articles and adding new authors from the area of health that can cooperate to expand the debate among professionals from different fields of expertise and health services. Furthermore, society in general must approach this subject both to respect the stance adopted by professionals (conscientious objector), and ensuring the right to qualified and worthy attention to women and teens who need to undergo abortion provided by law.

Finally, we propose the inclusion of the term conscientious objection as a controlled descriptor, a fact that might encourage the expansion of studies on the subject by authors of health in Brazil.

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