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The Increasing Importance of Worker Conscience Considerations

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Abstract
Workers are increasingly claiming that they should be provided an unqualified legal right to refuse work activities that violate their ethical, moral, personal, or religious convictions or beliefs—in short, their conscience. This assertion has become one of the more controversial issues confronting employers. After a brief review of conscientious objection, special attention is given to such objection in medically related areas, followed by a discussion of how freedom of conscience is expanding in the general workplace.

Conscience in the Workplace
In ancient Athens about 2500 years ago Sophocles examined the relationship between moral or divine law and human law in his classic play, Antigone (Sophocles & Thomas, 2005). Antigone was ordered by Creon, King of Thebes, to leave the body of her brother unburied and outside the city walls to be eaten by vultures as punishment for his treachery. Antigone, ordinarily a loyal citizen, followed her conscience and answered in the name of her religion and her gods and buried her brother thereby defying the order of the King who subsequently sentenced her to death.

Fast forward several millennia later and the words of founding father James Madison resound: “The Religion then of every man must be left to the convictions and conscience of every man, and it is the right of every man to exercise it as these may dictate” (Madison, 1999, p. 29). Madison’s opinion regarding the sanctity of individual conscience has become a well-established value in the U.S. that continues to this day. Nevertheless, the sanctity of conscience has become an increasingly contentious issue in contemporary America. For example, conscience drives a woman to conclude that an abortion is her best option to prevent an unplanned pregnancy, but also drives her physician to decline to perform it. Conscience compels a school teacher to talk about intelligent design during science class, but also compels the parents of his student to insist that he be prohibited from doing so. Conscience requires a federally funded drug rehabilitation program leader to integrate biblical teachings into group discussions, but also requires a program participant to object to such proselytization (Vischer, 2006).

Nowhere is this controversy more pronounced than in the well-publicized battle over the extent to which pharmacists may allow their religiously shaped moral judgments to narrow the range of services they offer consumers (particularly women). Both sides ask government to enshrine collectively a particular vision of the individual’s prerogative (Stein, 2005). On one side, conscience is invoked to justify legislation that would enable individual pharmacists to refuse to fill prescriptions on moral grounds. On the other side, conscience is invoked to support laws that would enable individual consumers to compel pharmacies to fill any legally obtained prescriptions without delay or inconvenience.

Such polarizing views are reviewed in this article through the lens of one’s conscience. This is done by examining the historical importance of conscience in laws and regulations and the implications for employers in the modern workplace.

Conscience and religion
While there are many definitions of conscience, the one included in the (Illinois) Health Care Right of Conscience Act is cited because it was the first of its kind and has been named as model legislation in the conscience area: “Conscience means a sincerely held set of moral convictions arising from belief in and relation to God, or which, though not so derived, arises from a place in the life of its possessor parallel to that filled by God among adherents to religious faiths” (Health Care Right of Conscience Act, n. d.). It is not to be construed as merely one’s ideas or opinions.

Most definitions of conscience in the U.S. legal context are broadly defined as including moral, ethical, or religious principles. Indeed, some authors believe that the definition between religion and conscience involves a “distinction without a difference” (Smith, 2005, p. 911) while others have suggested that “the framers viewed ‘free exercise of religion’ and ‘freedom of conscience’ as virtually interchangeable concepts” (Smith, 2005, p. 912). Similarly, the Supreme Court has constructed religion broadly to include convictions that are deeply-held, but not religious in any conventional sense of the term (United States v. Seeger, 1965; Welsh v United States, 1970).

Freedom of conscience in the international arena

The right to freedom of conscience is represented in all international conventions concerning human rights. For example, Article 18 of the Universal Declaration of Human Rights adopted by the General Assembly of the United Nations (UN) on December 10, 1948 states:

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance (UN, 1948, Article 18).

A similar formulation appears in Article 18.1 of the International Covenant on Civil and Political Rights, which was adopted and opened for signature, ratification and accession by

UN’s General Assembly Resolution 2200 on December 16, 1966 and entered into force in March 1976 (Office of the High Commissioner for Human Rights, 1976). The recognition of the right to freedom of conscience, as it appears in the UN Declaration of 1948, is quoted also in Articles 12.1 and 12.2 of the American Convention on Human Rights in effect since 1978, and prohibits any oppression of persons as a result of their faith (Human & Constitutional Rights Document, 1969a). Likewise, Articles 27.1 and 27.2 of the American convention address the state’s privilege to limit some human and civil rights in case of a war or national emergency, however, the right to freedom of conscience is ensured even in these extreme circumstances (Human & Constitutional Rights Document, 1969b).

Many countries, including the U.S., have made great efforts to advance freedom of conscience in their cultures. Indeed, Jesuit scholar Richard J. Regan (1972) noted “no culture without some idea of moral conscience has yet been discovered” (p. 207). There is no question that an individual’s “sovereignty of conscience” (Little, 2001, p. 607) is something that is accorded a significant level of respect in culture and law and that across numerous societies freedom of thought, conscience, belief, and religion is one of the most basic of all human rights assigned special rights and protection.

Conscience-protection in the U.S. outside the employment context

Legislatures and courts in the U.S. have protected the right of conscience in areas outside the employment framework in two key areas: the First Amendment and conscientious objection to war. The First Amendment protection against coerced expression
The Supreme Court has held that the First Amendment prevents the government from forcing individuals to voice or promote viewpoints with which they disagree. The model cases are *West Virginia Board of Education v. Barnette* (1943) and *Wooley v. Maynard* (1977). In *Barnett* and *Maynard*, respectively, the court struck down a statute requiring a compulsory flag salute and a law requiring compulsory display of the state motto (“Live Free or Die”) on license plates. These cases sought to protect “the sphere of intellect and spirit” (*West Virginia Board of Education v. Barnette*, 1943, p. 642) and “individual freedom of mind” (*Wooley v. Maynard*, 1977, p. 714). Moreover, Chief Justice Rehnquist characterized these cases as protecting “the broader constitutional interest of natural persons in freedom of conscience” (*Pacific Gas & Electric Company v. Public Utilities Commission of California*, 1986, p. 32).

**Conscientious objection to war**

Another area where American society has shown sensitivity to the right of conscience is in exempting from military service those who conscientiously object. Indeed, conscientious objectors have been included in every federal statutory scheme authorizing compulsory military service in the U.S. since the Civil War (Davis, 1991). The statute defined religious faith as belief “in relation to a Supreme Being” and “does not include essentially political, sociological, or philosophical views or a merely personal code” (Davis, 1991, p. 192). However, in cases that arose during the Vietnam War, the Supreme Court fundamentally broadened the statute to encompass non-religious conscientious objection (*United States v. Seeger*, 1965; *Welsh v. United States*, 1970). Seeking to avoid Establishment Clause problems, the court reversed the convictions of conscientious objectors who explicitly disavowed belief in a Supreme Being.

**Conscience-protection in the U.S. related to the workplace**

**Federal level**

The issue of conscience became more prominent in the 1970s when health care providers and facility directors were permitted to decline services to which they were morally or ethically opposed (National Conference of State Legislatures, 2008). It began with the Supreme Court’s 1973 decision to legalize abortion in *Roe v. Wade*. Within weeks, in response to *Roe*, Congress passed the Church amendment—named after former Sen. Frank Church (R-ID)—as part of the Health Programs Extension Act (1973). The amendment states that public officials may not require individuals or organizations who receive certain public funds to perform abortion or sterilization procedures or to make facilities or personnel available for the performance of such procedures if such performance “would be contrary to [the individual or entity’s] religious beliefs or moral convictions” (Health Programs Extension Act, 1973, at § 300a-7(b)).

This amendment, which remains in force today, provides that the receipt of federal funds in various health programs will not require hospitals or individuals to participate in abortions, if they object based on moral or religious convictions. It also forbids hospitals in these programs to make willingness or unwillingness to perform these procedures a condition of employment. The Church amendment is considered by many to be the first freedom of conscience clause or “refusal clause” in an employment context (Briggs, 2005).

Protection of conscience laws are generally designed to reconcile “the conflict between religious health care providers who provide care in accordance with their religious beliefs and the patients who want access to medical care that these religious providers find objectionable” (White, 1999, p. 1703). These activities may include abortion, capital punishment, contraception, sterilization, artificial reproduction, euthanasia, assisted suicide, human experimentation, torture, etc. Conscience laws protect conscientious objectors from coercive hiring or employment practices, discrimination and other forms of punishment or pressure. Also, they generally include protection from civil liability. Conscience clauses, on the other hand, are usually less comprehensive than protection of conscience laws and afford varying degrees of protection for conscientious
objectors. They may appear in statutes or in the policies of organizations or institutions (The Protection of Conscience Project, n. d.). Those individuals who believe that people should not be forced to facilitate practices or procedures to which they object for moral reasons often refer to “conscience clauses” while reproductive rights groups and patients’ rights’ advocates call such clauses “refusal clauses.” This is not a semantic difference, but a significantly different world view.

The Coats Amendment—named after Congressman Dan Coats (R-IN)—protects individual refusals and was introduced after the Accreditation of Council for Graduate Medical Education (ACGME) adopted professional standards requiring obstetrics and gynecology residency programs to provide abortion training. The Coats Amendment, passed by Congress in 1996 as part of the Public Health Service Act, maintains the federal funding and legal status of medical institutions that do not offer abortion training or provide referrals for individuals seeking abortion training at another institution. It also prohibits discrimination against institutions and individuals who refuse to provide the training. Though the ACGME standard exempted programs or individuals with moral objections from participating in the training, under the Coats Amendment institutions and/or individuals no longer had to claim moral objections for their noncompliance.

Another federal conscience clause provision involves the Weldon Amendment—named after Congressman Dave Weldon (R-Fla)—formally known as the Abortion Non-Discrimination Act. It was signed into law in 2004 as part of the Departments of Labor, Health and Human Services and Education and Related Agencies Appropriation Act 2005 spending bill. The Weldon Amendment prohibits federal agencies and programs, and state and local governments, from discriminating against healthcare entities because they do not offer abortion services, or provide coverage or referral for abortions. The Weldon Amendment covers a diverse group of healthcare entities, including physicians and other healthcare providers, hospitals, provider-sponsored organizations, HMOs, insurance plans and any kind of healthcare facility, organization or plan. Any law or regulation mandating these entities to require such action would be considered discriminatory and they could be at risk of losing federal funding under the Labor-HHS-Education bill. The Weldon Amendment continues to be part of current Appropriations bills.

California recently challenged the Weldon Amendment claiming the amendment is unconstitutional because it interferes with California’s enforcement of a state law providing for criminal and civil penalties against healthcare workers if they do not perform or refer for abortions in some circumstances. A California federal court judge, however, rejected California’s challenge to the Weldon Amendment (State of California v. United States, 2008) which means that California will remain prohibited from fining and criminally prosecuting health care workers and entities who refuse to perform abortions.

The primary federal law that arguably concerns conscience, albeit of the religious variety, is Title VII (1964). This law covers most private and public employers with fifteen or more workers, and (in part) prohibits employment discrimination because of religion. Title VII defines religion to include “all aspects of religious observance and practice, as well as belief, unless an employer demonstrates that he is unable to reasonably accommodate to an employee’s or prospective employee’s religious observance or practice without undue hardship on the conduct of the employer’s business” (Title VII, 1964, at § 2000e-2(a)). The Equal Employment Opportunity Commission (EEOC), Title VII’s chief enforcement agency, defined religious practice “to include moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views” (Guidelines on Discrimination Because of Religion, n. d., at § 1605.1). Although these merely provide “guidance,” and do “not carry the force of regulation,” (Wolf, Friedman, & Sutherland, 1998, p. 16), the courts have “mostly followed the EEOC’s lead” (Wolf et al., 1998, p. 28). It is more likely that many “beliefs” fit this definition of religion, including freedom of conscience.

Physicians, nurses, and prison employees also have a right to refuse, based on conscientious objection, to participate in executions (Refusal to Participate in Executions or in Prosecution of a
Capital Crime, n.d.). This statute also ensures that employees in the United States Department of Justice, the Federal Bureau of Prisons, or the United States Marshals Service who object to capital punishment for reasons of conscience cannot be forced to participate in an execution or even in a prosecution for a capital offence (Refusal to Participate in Executions or in Prosecution of a Capital Crime, n.d.).

Additionally, federal statutes and cases protecting whistleblowers (those, who believe that the public interest overrides the organization they serve, and report incidences of corrupt, unlawful, fraudulent, or harmful activity) have been construed as protecting individuals’ right to conscience. For example, in Mgmt. Info. Techs. v. Alyeska Pipeline Serv. Co. (1993), whistleblowers were described as “employees who speak out as a matter of conscience” (p. 481).

Most recently, the Bush administration announced on August 21, 2008 plans to implement a controversial regulation designed to protect doctors, nurses, and other health care workers who object to abortion from being forced to deliver services that violate their personal beliefs (Department of Human and Health Services, 2008). The rule empowers federal health authorities to deny funding from more than 584,000 hospitals, clinics, health plans, doctor’s offices, and other entities if they do not accommodate employees who refuse to participate in care they find objectionable on personal, moral, or religious grounds (Stein, 2008). “People should not be forced to say or do things they believe are morally wrong. Health care workers should not be forced to provide services that violate their own conscience” said Health and Human Services Secretary Mike Leavitt (Stein, 2008, p. 2A). It is unclear how the Obama administration will address this matter.

**State level**

The states have truly been the trendsetters for the recent expansion of conscience protection in the workplace. This has been most evident in the battle over the extent to which pharmacists may allow their religiously shaped moral judgments to narrow the range of services they offer consumers (Stein, 2005). Journalists and others have reported cases of individual pharmacists refusing to fill prescriptions for emergency contraceptives. Because emergency contraception can act to block implantation of a fertilized egg, individuals who believe in the protection of human life after conception find it morally objectionable and support the right of refusal (Dresser, 2005). The American Pharmacists Association appears to support this position and indicated that it “recognizes the individual pharmacist’s right to exercise conscientious refusal and supports the establishment of systems to ensure patients’ access to legally prescribed therapy without compromising the pharmacist’s right of refusal” (American Pharmacists Association, 2008).

Generally, state officials have responded in two ways to the refusal issue. Some have endorsed legal requirements that protect women’s access to the drugs; others have sought to protect pharmacists’ conscientious objection rights. In this and other contexts, there is disagreement over when to protect the professional’s freedom to reject on moral grounds a practice that is ordinarily required of the professional. The dispute over pharmacist refusals and workplace demands offers an opportunity to examine this issue in more detail.

By 1978—five years after Roe v. Wade—virtually all of the states had enacted conscience clause legislation in one form or another (Rambaud, 2006). Similarly, most states offer protection for religion discrimination (similar to Title VII) and procedure-specific protection in the areas of abortion, sterilization, and artificial contraception (similar to the Church Amendment). Additionally, many other states have expanded into general conscience protection, albeit still primarily limited to health care, without any procedural restrictions (Nelson, 2005). Following the Church Amendment, forty-seven states have “conscience clauses” regarding the refusal to perform abortions and, of these, forty offer direct protection from related employment discrimination and/or recrimination (Sonne, 2006-2007).

Moreover, a growing trend in state legislation involves more general “health care” clauses (Illinois, Mississippi, and Washington). For example, the Illinois statute indicates:

> It shall be unlawful for any person, public or private institution, or public
official to discriminate against any person in any manner, including but not limited to, licensing, hiring, promotion, transfer, staff appointment, hospital, managed care entity, or any other privileges, because of such person’s conscientious refusal to receive, obtain, accept, perform, assist, counsel, suggest, recommend, refer or participate in any way in any particular form of health care services contrary to his or her conscience (Health Care Right of Conscience Act, 745 Illinois Compiled Statutes 70/1/5).

The Mississippi statute shields health care providers from being held “civilly, criminally, or administratively liable for declining to participate in a health care service that violates his or her conscience” (Mississippi Code Annotated, 2004, at § 41-107-3), and forbids any employment discrimination based on such exercises of conscience (Mississippi Code Annotated, 2004). In covering all health care services, the statutes in Illinois, Mississippi, and Washington go well beyond the procedure-specific laws (National Conference of State Legislatures, 2008). Other states having broad refusal clauses for health care providers include Colorado, Florida, Maine, Tennessee, Georgia, Arkansas, and South Dakota. Furthermore, refusing to include an “undue hardship” or other accommodation limit of any significance, they go further than their counterparts in Title VII or analogous state provisions on religious practice accommodation.

Although the trend supports increased freedom of conscience for health care professionals, there are states that view the situation differently. For example, New Jersey’s 2007 law prohibits pharmacists for refusing to fill prescriptions solely on moral, religious or ethical grounds (Emergency Contraception for Sexual Assault Victims, 2007) and California pharmacists have a duty to dispense prescriptions and can only refuse to dispense a prescription, including contraceptives, when their employer approves the refusal and the woman can still access her prescription in a timely manner (California Labor Code, 2005). More recently, the California Supreme Court unanimously ruled that doctors may not refuse non-emergency medical treatment to gay men or lesbians for religious reasons (North Coast Women’s Care Medical Care Group, Inc., et al. v. San Diego County Superior Court (Guadalupe T. Benitez), 2008). The court ruled that physicians’ constitutional right to the free exercise of religion does not exempt businesses that serve the public from following state law that prohibit discrimination on the basis of sexual orientation “even if compliance poses an incidental conflict with the defendants’ religious beliefs” (Surdin, 2008, p. A03). The lawsuit was filed by Guadalupe Benitez, who said her doctors and their employer, a San Diego-based fertility clinic, refused her a standard fertility treatment because of her sexual orientation. The doctors, who are Christian, said that they denied the treatment because Benitez was unmarried, and that they were allowed to do so under the First Amendment’s guarantee of freedom of religion. Benitez sought the treatment in 1999 after two years of trying to conceive using an at-home insemination kit. When she informed her doctor, Christine Brody, of her sexual orientation, Brody replied that she could not perform intrauterine insemination, should it later be required. Benitez asserted that Brody said it was her sexual orientation; Brody said she cited Benite’s marital status.

Conscience in the general workplace

Although the significance of conscience in American culture has existed since 1776, its protection in the private workplace is a new and rising phenomenon. While conscience protection statutes at both the federal and state level have been primarily limited to the health care arena today, there is little question that their expansion in the future will be to the larger workplace (Sonne, 2006-2007). Such a development will undoubtedly create uncertainty for employers. For example, could a vegetarian waiter or waitress opt out of serving meat to customers?

There appears to be a growing trend in employment law that employees should be protected in the exercise of their consciences (notwithstanding the California Supreme Court’s recent
ruling)—even if such exercise is contrary to their employers’ wishes or the demands of their jobs (Nader & Hirsch, 2004). Such a trend will undoubtedly lead to increased levels of conflict between workers and organizations centering on the role that conscience should play in the provision of goods in U.S. society (Vischer, 2006). This debate will continue until more clarity is fashioned through future legislation and court rulings.

While the conscientious objection controversy continues in the health care field (see Table 1), it has expanded to other areas with workers (see Table 2) seeking exemptions from requirements to perform actions that violate their moral beliefs. Indeed, the conflict about conscience clauses may represent “the latest struggle with regard to religion in America” (Charo, 2005, p. 2471) and is rapidly becoming one of the more controversial issues confronting employers (Kelly, 2008). The objection to the work may be based on religious beliefs founded on the tenets or beliefs of a church, sect, denomination, or other religious group, or on ethical, philosophical, or moral grounds and requires employers to accommodate the religious needs of their workers as mandated by Title VII the Civil Rights Act of 1964 (Title VII, § 2000e(j)).

Conclusion

U.S. society has historically shown sensitivity to the call of individual conscience. Americans respect the conscience of draftees who oppose war, physicians who oppose abortion, whistleblowers who oppose their superiors’ misconduct, and citizens who oppose government dogma. Will employees’ conscience be considered in future scenarios involving such issues as: the scientist whose lab takes on a new stem cell research project that he is opposed to, the Web designer whose company accepts a contract to design a pornographic Web site that she finds personally objectionable, the engineer whose company is awarded a military contract at odds with his pacifist beliefs, the legal secretary in a district attorney’s office suddenly assigned to work on a death penalty prosecution that conflicts with her values, or an attorney personally opposed to smoking at a private firm which takes on the defense of a tobacco company?

The answer to this question, unlike in the past, is unclear today because freedom of conscience has become a particularly contentious issue. State and federal legislation supporting conscience protection for medical personnel is increasingly covering all health care services—not only abortion; and this has created counterclaims challenging the idea that health-related professionals may deny legally and medically permitted therapeutic interventions, particularly if their objections are personal and religious. More recently, efforts to ensure that people are not forced to facilitate practices or procedures to which they object for reasons of conscience have expanded to the general work force. Like religion in the workplace, the conscience trend presents an extraordinary challenge to employers. In light of the blanket nature of the relevant exemptions to perform, as well as the broad definitions of conscience that are offered both in existing law and in pending legislation, there is no question that employers will face an increasingly serious challenge regarding how they choose to conduct their business. Indeed, as one commentator noted, “this issue is the San Andreas Fault of our culture” (Stein, 2006, p. A01).

There are two approaches on how to deal with these dilemmas as a society. The first is the “free market” method. In this approach people should consider the possible conflicts between their conscience and their beliefs before taking a job. Accepting the job is accepting to do whatever the job entails irrespective of one’s beliefs, and the employer owes no duty to try to comply with those beliefs. If an employee finds a conflict too much to bear, he or she is free to quit and look for a livelihood elsewhere. One researcher supporting this view argued that “a doctor’s conscience has little place in the delivery of modern medical care” (Savulescu, 2006, p. 294) and that “if people are not prepared to offer legally permitted, efficient, and beneficial care to a patient because it conflicts with their values, then they should not be doctors” (Savulescu, 2006, p. 294) and that they “can escape this burden by merely taking another job” (Nader & Hirsch, 2004, p. 327). While this approach may appeal to libertarian impulses, it is at odds with most American values. The question
is not whether the compulsory activity can be escaped. The question is whether Americans deem it proper to put a person in the position of leaving their job or violating their conscience.

The second approach, and the one advocated here, involves bringing the freedom of conscience debate clearly within the purview of Title VII of the Civil Rights Act and its prohibition of religious discrimination. This is possible because conscience is defined in such a broad fashion to include religion, moral or ethical principles and convictions (Sonne, 2006-2007). A key element of Title VII involves the requirement that employers should reasonably accommodate the religious and conscience requirements of employees so long as doing so does not unduly burden the employer’s operations nor adversely affect the interests of other third parties such as customers or other employees. This second approach presents a more balanced course of action that attempts to reconcile differences between employee’s conscience considerations and employer work requirements. Additionally, there are a substantial number of court cases and legislative initiatives that address this issue (see EEOC, 2008) that will assist decision makers in future conflicts.

While American courts and legislatures have historically shown themselves solicitous of the conscience of employees, the protection is nominal when compared with that provided in Germany. The German Constitution contains a provision providing for freedom of conscience (Art. 4, n. d.). This provision has been construed to permit all employees to decline to perform a task they deem incompatible with their conscience (Gerhart, 1995). The determination is left to the employee, who may not be discharged because of its exercise (Gerhart, 1995). While this broad right of conscience in the German Constitution poses difficulties of implementation with judges wrestling with a “reasonable” conscience justifying a refusal to do certain work and an “unreasonable” conscience deemed irrelevant (Weiss & Geck, 1995), it has hardly wreaked havoc on Germany’s economy or society. Germany has not suffered because all employees have a right of conscience, just as America has not suffered because of respect for the conscience of citizens in assorted situations throughout our history.

Table 1. Scenarios involving health care workers who object to work that is in opposition to their conscience.
A health care professional refuses to fill prescriptions from medical products and treatments resulting from stem cell research when they are introduced into the market (Pharmacists for Life International, 2008).
A physician refuses to discuss, provide information, or refer patients for medical interventions to which they have moral objections (Curlin, Lawrence, Chin, & Lantos, 2007).
A pharmacist refuses to fill a prescription for antibiotics because it came from a facility that provides abortion medications (Davidow, 2006).
A gynecologist declines to prescribe birth control pills (Weidner, 2008).
A pharmacist refuses to fill prescriptions for “morning-after” pills, saying that dispensing the medications violates his or her personal moral or religious beliefs (Stein, 2005).
A physician refuses requests for Viagra from unmarried men (Weidner, 2008).
A health-related professional declines to participate in physician-assisted suicide (The Oregon Death with Dignity Act, 1997).
An ambulance driver refuses to transport a patient for an abortion (Stein, 2006).
Fertility specialists rebuff a gay woman seeking artificial insemination (Stein, 2006; North Coast Women’s Care Medical Care Group, Inc., et al. v. San Diego County Superior Court (Guadalupe T. Benitez), 2008).
A pharmacist job applicant refuses to sell condoms due to his religious beliefs and is not hired (Hellinger v. Eckerd Corp., 1999).
Table 2. Scenarios involving non-medically related employees in the general workplace who have objected to work that is in opposition to their conscience.


A Baptist law enforcement official refuses to work at casinos (*Ben Endres v. Indiana State Police*, 2004).

A Catholic police officer is unwilling to protect and guard abortion clinics (*Rodriguez v. City of Chicago*, 1998).

A photographer refuses to take pictures of a civil-commitment ceremony planned by a lesbian couple (*Vanessa Willock v. Elane Photography*, 2008).

A Jehovah’s Witness wait person refuses to sing happy birthday to guests at a restaurant (*EEOC v. Razzoo’s*, 2007).

Prison employees are unwilling to participate in executions (Gawande, 2006).

Muslim taxi cab drivers refuse to pick up passengers at an airport carrying alcohol or travelers having dogs, including service dogs (Yu, 2006).

Muslim grocery store cashiers refuse to scan pork products such as bacon (Serres, 2007).

A transportation worker objects to driving a bus with an advertisement for a gay magazine aimed at the gay, lesbian, bisexual, and transgendered community that is displayed on the back of some city buses because the ad offends her religious beliefs about homosexuality (The Volokh Conspiracy, 2006).

A technician refuses to provide help to a client that manufactures violent computer-software games (*EEOC v. Sykes Enterprises, Inc.*, 2004).

References


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Refusal to Participate in Executions or in Prosecution of a Capital Crime, 18 U.S.C. § 3597(b).


Vanessa Willock v. Elane Photography, New Mexico Human Rights Commission, HRD No. 06-


