In 2002, a Wisconsin pharmacist made headlines for his refusal to fill a prescription for contraception. The pharmacist, who was a temporary employee at a Kmart pharmacy, was the only pharmacist on duty when a woman brought in a prescription for birth control pills.

The pharmacist not only refused to fill the prescription himself, but he also refused to transfer it to another pharmacy so that she could get it filled there. The pharmacist said he had a religious objection to the use of contraception and claimed a right of conscientious objection to helping her.

So here we have a case in which it looks like the autonomy rights of a patient to obtain the medical care she seeks are clashing with the autonomy rights of a clinician to act in accordance with his conscience. The patient wants to exercise a choice and needs the pharmacist's help in doing so, but the pharmacist is claiming a right not to help based on his own autonomy.

Now this issue extends far beyond pharmacists and contraception. For instance, it comes up when physicians object to performing abortions or sterilizations, or to prescribing lethal medications in one of the four US states where physician-assisted suicide is currently legal.

How should we resolve a conflict between a patient's autonomy and a clinician's autonomy? Do we have to make a decision about whose autonomy rights are more important? Or perhaps we just need to think about the problem a little differently. In particular, we need to think about the relationship between a clinician and her patient, and how that relationship affects the exercise of each person's autonomy.

In the last video segment, we discussed four ways in which my obligations to help people are affected by the circumstances in which the request is made-- whether I have other moral duties that would be violated by helping, whether the help is very important to the person who needs it, whether I am in a good position to provide the help, and whether I occupy a role that creates special duties to help. Let's think through these in reverse order.

First, the clinician certainly does occupy a role that creates special duties and obligations toward her patients. Indeed, many clinicians even swear oaths to that effect. We expect a clinician to act in the patient's best interests-- to provide the patient with a certain standard of medical care, to behave in accordance with professional standards, and not to abandon a patient in need of medical care.

Second, clinicians are in an especially good position to help people in need of medical assistance. Indeed, sometimes they are the only people in a position to provide help, perhaps because they alone have the necessary expertise and skills, or because they are the only point of access to what the patient needs.

In the United States, the only legal way to get oral contraceptives is through a prescription written by a physician and filled by a pharmacist. Physicians and pharmacists thus function as society's designated gatekeepers to very important social resources. That means that patients are dependent on them to provide access to those resources.

Third, the needs to which clinicians are responding are tremendously important. There are few things more essential to human well-being than health and access to health care. The clinician's moral responsibility to help patients achieve and maintain good health is a very strong one.

Now all three of these considerations provide clinicians with compelling reasons to provide help to patients who ask for it-- at least any help that lies within the accepted standard of care for that clinician's practice.

It's the fourth consideration about conflicting moral duties that creates the problem here. The pharmacist in our opening case believed that he had no moral duty to provide the woman with the contraceptives she requested. Indeed, he seemed to believe that he had a moral duty not to provide them to her.

Clinicians certainly don't have a moral duty to provide just any treatment that a patient requests. Suppose a patient comes to the emergency room and asks for an MRI. An MRI is expensive, and it poses some risks to the patient. If the physician judges that the MRI is medically unnecessary and so not in the patient's best medical interests, the mere fact that he wants the MRI doesn't obligate the physician to order it.

But that's not what's happening in the pharmacist case. The pharmacist cannot claim to be acting in the patient's best medical interest by refusing to assist her with the prescription. After all, contraception is almost certainly less expensive and less risky than the pregnancy and childbirth it would prevent.

Filling a woman's prescription for contraception isn't violating any standards of good medical care. As a matter of fact, the pharmacist in this case claimed that he had a moral duty not to fill the prescription

because he'd be doing something morally wrong if he did. He based his refusal not on a duty to the patient but on a duty to himself to act in accordance with his conscience.

Does a health care provider have an autonomy right to refuse to provide treatment solely on the grounds that it violates his conscience? We'll take up that question in the next video segment.