

Laws Providing Cover for Unethical Actions in Medicine

"Lawmakers ought not 'provide legal cover in the form of "immunity from prosecution" for medical personnel who participate in various unethical practices.'"



In recent decades, lawmakers have been pressured to provide legal cover in the form of “immunity from prosecution” for medical personnel who participate in various unethical practices.

One involves physician-assisted suicide. Politicians and lawmakers in many jurisdictions are drawn into the process of creating legal “carve outs” to insulate health care professionals from lawsuits and liability when they help patients commit suicide.

For example, Colorado in its 2016 “End of Life Options Act” puts the exception this way:

No person shall be subjected to civil or criminal liability or professional disciplinary action solely for participating in good faith in the death with dignity process or for any other action taken in good faith compliance with this article. (§25-48-119).

Writing a prescription for a toxic dose of a drug to help a person commit suicide, of course, involves a fundamental contradiction for a medical professional whose mission and work are directed to healing and saving lives. By supporting the suicide of his patient, the medical professional upends the delicate relationship of trust at the heart of the physician-patient relationship and abuses his position of authority. To exempt

him on principle from such medical malpractice, and to provide professional and legal cover for patient abandonment, is a morally indefensible course of action.

In his famous encyclical *Evangelium Vitae* (On the Gift of Life), Pope St. John Paul II recognizes this legislative trend as a particularly devastating form of cultural decline:

The fact that legislation in many countries, perhaps even departing from basic principles of their Constitutions, has determined not to punish these practices against life, and even to make them altogether legal, is both a disturbing symptom and a significant cause of grave moral decline. Choices once unanimously considered criminal and rejected by the common moral sense are gradually becoming socially acceptable. Even certain sectors of the medical profession, which by its calling is directed to the defense and care of human life, are increasingly willing to carry out these acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practice it is degraded.

Making Sense of Bioethics

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Another form of legal protection for unethical practices involves laws that encourage “anonymous abortion pill prescriptions.”

California Governor Gavin Newsom recently signed a measure allowing doctors anonymously to prescribe abortion pills. This means that the prescribing doctor remains anonymous — even to the patient receiving the abortion pill — and the physician's identity is accessible only via a subpoena within California. Pharmacists who dispense the abortion drug are also legally allowed to omit their names, as well as the names of the patient and prescriber, from the label on the medication bottle.

Such policies constitute another example of patient abandonment. Health care professionals have a responsibility to provide careful medical supervision and oversight to patients seeking dangerous pharmaceuticals. This requires significant interaction with the patient in the form of medical testing, interviews, and in-person exams. That attentive oversight vanishes as lawmakers and politicians start promoting misguided laws to bolster anonymous prescriptions, undermining sound medical practice and depersonalizing both the medical professional and the vulner-

able patient.

Politicians, the media, and many in the medical profession have decided that abortion deserves an entirely different and much lower standard than the rest of medicine. We would never sanction such an undisciplined approach with other potent pharmaceuticals like opioids or cancer medications.

Rather than treating women and doctors as anonymous entities, pregnant women deserve the supportive medical care and focused attention of their health care team. Ideally, such personal care should help them feel strengthened and empowered to bring their pregnancies to term rather than defaulting to a fear-driven and desperate attempt to end their baby's life.

A third example involves in-vitro fertilization. The State of Alabama in 2024 passed legislation that protects IVF providers and patients from civil and criminal liability for death and damage to human beings who are still embryos. It gives a pass to the infertility industry by granting near total indemnity with regard to a host of potential medical malpractices.

We have to wonder why such carve outs are tolerated at all, given that the legal establishment has long

defended the rights of those who bear the brunt of serious malpractice by medical personnel. When it comes to the most vulnerable classes of human beings at the beginning and end of life, we should be especially vigilant not to relax accountability.

As a society, we cannot overlook or grant a pass to those who systematically campaign for the legalization of corrosive medical practices like physician-assisted suicide, abortion and the production, freezing and destruction of embryonic human beings. Seeking to provide legal cover for medical personnel in the form of “immunity from prosecution” inflicts a serious wound on medicine, society and culture, especially when those efforts are spearheaded, as Pope St. John Paul II has noted, by political leaders, lawmakers and public policy experts “who ought to be society's promoters and defenders.”

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