

OPA Conscience Clause Resolution

March 14 2016

Background

“Conscience clause is a legislative provision that relieves a person from compliance on religious grounds. It permits pharmacists, physicians, and other health care providers not to provide certain medical services for reasons of religion or conscience. “ (“Conscience Clause,” n.d., para. 1)

Conscience, either due to religion or moral standing, has been used as a reason by some providers to refuse professional services. This has been mostly in the health care realm and specific to a service, such as abortion service or the provision of contraceptives, rather than services to any particular demographic.

The landscape changed, however, with the legalization of marriage to same-gendered partners. The Supreme Court has not weighed in on discrimination against LGBT persons as a group based on a professional’s or proprietor’s religious or moral convictions. However, on May 30, 2014, a state court in Colorado ruled against a bakery for refusing to bake a wedding cake for a gay couple (ACLU, 2014).

The intersection of Conscience Clause legislation and related court decisions with psychology training occurred with two cases, *Keeton v. Anderson-Wiley* (2012) and *Ward v. Wilbanks* (2010; 2012). These cases and their impact on the training of psychologists is discussed in a report by the 11- member Virtual Working Group on Restrictions Affecting Diversity Training in Graduate Education appointed by the APA Board of Educational Affairs (Wise, et al, 2015).

The argument by some businesses is that the First Amendment Right to freedom of religion allows them to discriminate against groups, such as gays and lesbians, whose perceived behavior and lifestyles offend their religious and/or moral standings.

Some students and professionals use religious freedom as a reason to similarly refuse services to groups of persons, such as gays and lesbians. In the cases of Keeton and Ward, challenges were made to the long-standing ethical requirement that psychologists be competent in serving diverse populations (APA, 2010).

The Ohio Psychological Association is on record as opposing discrimination, e.g., OPA’s September 2004 Resolution on Sexual Orientation, Parents, and Children (OPA 2004) and its adoption of all ethical principles outlined by The American Psychological Association (APA, 2010). These guidelines include principles of Justice and Respect for People’s Rights and Dignity and prohibitions against unfair discrimination, harassment and causing harm to patients.

Where the training of students is concerned, an allowance for the development of individual students is required (Wise, et al, 2015). It is expected that individual students might be challenged by the characteristics, problems, and issues raised by particular clients seeking psychological services.

It is viewed as the responsibility of training programs to clearly state the expectation that psychologists will be trained to be culturally competent. Yet, it is also the responsibility of a training program to work individually with each student toward that end. Careful guidelines must be in place to protect both the student and a student's future clients. A student's dismissal from a training program because he or she refuses or is unable to develop cultural competence must have a clear process which assures the student him or herself is not the victim of discrimination (Wise, et al, 2015).

The fact that discrimination is harmful is well-established (APA 2012).

Resolution

The Ohio Psychological Association hereby resolves the following:

That no business should be allowed to discriminate in the provision of its products or services to persons based upon perceived group identity or other demographic characteristics.

That there shall be no legislation or regulation at the state or federal level that codifies such discrimination by businesses, even if based upon religious belief or moral principal. Discrimination is, at it's core, harmful to people psychologically and socially.

The Ohio Psychological Association views religion as a positive force in the lives of many people and supports the free exercise of religion and supports individuals in their religious beliefs.

The Ohio Psychological Association believes that the government and society must support the individual's right to pursue religious conviction as each person sees fit. The Ohio Psychological Association supports the sanctity of religious institutions such that exclusiveness in religious practice is to be expected and tolerated.

It is encouraged that reasonable accommodations be found for the individual who owns or is employed in a public business or in government service and who believes that providing a product or service is antithetical to his or her moral principles. It is incumbent upon the business or governmental entity to nevertheless meet the needs of the general public in a manner that is non-discriminatory.

The Ohio Psychological Association resolves that professionals and health care providers shall serve all clients with the full range of services offered by such professionals and providers.

Discrimination in health care is harmful psychologically and socially and is dangerous to the health and well-being of those discriminated against.

If there is a service that a provider would be reasonably expected to offer, but does not, such as contraceptive services by a pharmacist, it must be made clear. It is the obligation of the provider to assist consumers to find the products and services they seek and do so in a manner which is positive and supportive. Consumers should not be made to feel guilt or shame for seeking such products and services.

In addition:

OPA affirms that psychologists are mandated by the ethical principles of the American Psychological Association to offer their services to all, regardless of group identity or demographics. Such services are expected to be provided with cultural competence.

OPA asserts that when a psychologist refers a client to another provider because of personal reasons related to some aspect of a client's presentation, it is understood to be a circumstance based on the psychologist's own professional judgment, and not based upon practices that exclude entire populations or demographics. The exception to this is age-related demographics. If a psychologist does not treat children or the elderly due to lack of training and/or experience, routine referral to others in such instances would be expected.

It is asserted by the Ohio Psychological Association that when, for personal reasons, a psychologist does not feel capable of treating a particular client, the psychologist must effect a direct referral to a provider deemed to be capable of treating the client.

OPA encourages graduate training programs in health service psychology to carefully consider the core tenets formulated by the Virtual Working Group on Restrictions Affecting Diversity Training in Graduate Education appointed by the APA Board of Educational Affairs (Wise, et al, 2015).

The core tenets are:

- Psychology has a compelling interest in meeting the needs of a diverse client population.
- Trainers respond in a consistent manner to all trainee beliefs that conflict with competent practice.
- Trainers are responsible for education and training.
- Trainers respect trainee's developmental process and foster cognitive complexity.
- Attaining competence to work with a diverse public is not optional

References

American Civil Liberties Union. (2014). Court rules bakery illegally discriminated against gay couple. Retrieved from <http://aclu-co.org/court-rules-bakery-illegally-discriminated-against-gay-couple/>.

American Psychological Association. (2010). Ethical principles of psychologists and code of conduct. Retrieved from <http://apa.org/ethics/code/index.aspx>

American Psychological Association. (2012). Dual pathways to a better America, preventing discrimination and promoting diversity. Executive summary of the Final Report of the APA presidential task force on preventing discrimination and promoting diversity. Retrieved from <http://www.apa.org/pubs/info/reports/promoting-diversity.aspx>

Conscience Clause. (n.d.). In *U.S. Legal*. Retrieved from <http://definitions.uslegal.com/c/conscience-clause/>

The Ohio Psychological Association. (2004). Resolution on sexual orientation, parents, and children. Retrieved from <http://www.ohpsych.org/about/files/2012/03/ResolutiononSexualOrientationParentsandChildren.pdf>

Keeton v. Anderson-Wiley. (2012). No. 10-CV-000-99, 2012 U.S. Dist. (E. D. Georgia, June 22, 2012).

Ward v. Wilbanks. (2010). No. 09-CV-112 37, 2012 U.S. Dist. WL 3026428 (E. D. Michigan, July 26, 2010).

Ward V. Wilbanks. (2012). No. 09-CV-112 37, 2012 U.S. Dist. WL (E.D. Michigan, December 10, 2012).

Wise, Erica H., Forrest, Linda, Hathaway, William, Bieschke, Kathleen J., Cohen-Filipic, Jessye, Douce, Louise A. (2015). Psychology's proactive approach to conscience clause court cases and legislation. *Training and Education in Professional Psychology*, 9, 259-268.