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As an obstetrician/gynecologist who has chosen not to perform induced abortions, I can testify to the pressures that physicians face when attempting to practice medicine according to their own conscience.

When I began my residency training, I expected it to be physically and emotionally challenging, but I was unprepared for the intolerance and discrimination I would face because of my Christian convictions. As an intern, I lost valuable learning opportunities as a direct consequence of my refusal to participate in elective abortions. When I questioned my chief resident as to why I wasn't being given the opportunity to scrub in on interesting cases, she replied that the others had "worked hard doing the abortions and had earned this privilege" whereas I had refused to do this work and hence did not get the "perk".

Another incident during my residency training stands out as an example of discrimination and intolerance: While I was chief resident on the obstetrical service, a patient had chosen to undergo midtrimester abortion after learning her baby had Down's syndrome. When I spoke with my attending physician and told her that I would not participate in this patient's abortion because of my Christian convictions, but that I had made arrangements with another resident to take over her care; she proceeded to reprimand me loudly in front of my team of residents, interns and medical students. She accused me of abandoning my patient, shirking my responsibilities and being insensitive to my patient. This outburst denigrated my values, my character and my professionalism. At the time, I was unaware that laws existed designed to protect my right to practice according to my conscience, including the right to not refer for an abortion. If I had this to do over, I would not have made a referral, as I would not ask a colleague to perform a task that I find morally reprehensible.

These examples represent the 'tip of the iceberg' of a much larger problem of discrimination and make it clear that 35 years of existing laws are not enough to protect healthcare providers' right to practice according to their conscience.

At a time when we should be about increasing access to care, removing these regulations will only result in further reductions in access to care. The providers and institutions these regulations are seeking to protect are the very ones who provide most of the care to the poor and underserved in this country. As the medical director of a Care Net Pregnancy Resource Center in Frederick, MD, I represent the over 1,100 PRCs across North America that yearly provide free services to more than 300,000 people. If I am faced with the choice between losing my job and being forced to perform an abortion, I will leave the practice of medicine. If we are chased out of medicine, who will step into the gap?

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