

Clause of Conscience of Laboratory Diagnosticians: Between Law and Ethics

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Abstract

Freedom of thought, conscience and religion is a special area in everyone's life. It concerns the sphere which is particularly valuable and intimate. This freedom refers directly to human dignity. Respect for human conscience is a valuable example of respecting human autonomy.

The discussion about the conscience clause is very important in the practice undertaken by doctors, nurses and representatives of other medical professions. The development of science causes the emergence of new challenges and dilemmas. It is possible that the necessity of medical action violates the conscience of e.g. a doctor. As it turns out, the development of science also poses new challenges for laboratory diagnosticians. The emergence of assisted reproduction techniques and innovative diagnostic techniques are key elements of new dilemmas and challenges. Can a diagnostician take advantage of the conscience's objection? Can he find himself in a dilemma situation?

These questions have become very important in Poland. There is still discussion about the possibility for medics to invoke the conscience clause. The Polish Constitutional Court also joined this discussion. However, did these actions affect the situation of laboratory diagnosticians? Polish law does not authorize diagnosticians to use the conscience clause. The code of ethics for a laboratory diagnostician gives them that opportunity. Which norm should ultimately be guided by? Doesn't similar inconsistency lead to conflict?

The article below is aimed at attempting to answer the indicated questions.

Keywords: Ethics in Medicine; Laboratory Diagnostician; Patient's Rights; Conscience Clause; Dignity and Human Rights

Introduction

In the middle of May 2011, the European Court of Human Rights in Strasbourg delivered a judgment in the case R.R. v Poland. This verdict has joined most quoted in recent years cases involving bioethical dilemmas in a

broad sense. The assessment carried out by the Court's judges is of a special character. This court decision says that Poland violated Article 8 of the European Human Rights Convention. A similar provision was indicated in the cases Tysiac v. Poland and P. & S. v. Poland thus stressing that Poland violated the patient's right to

respect for private and family life. It was noted that the failure to make an abortion possible in accordance with the rules provided for in the law is against the above mentioned Article 8 of the Convention. In the first of the above mentioned cases (i.e. *RR v. Poland*) the Court added the Poland violated Article 3 of the Convention which guarantees freedom from degrading, inhuman treatment or punishment. According to the judges, in this case the above rights were violated not only by not giving the patient the possibility to have a legal abortion. It was also noted that the patient (called R.R.) was in fact a victim of doctors who kept denying her information on her health and on the health of her unborn child. According to the Court, the doctors failed to allow the patient access to prenatal genetic examination. As presented in the written grounds of the judgment:

“When patients were treated in ways unrelated to their own medical needs, and to their own priorities and aspirations, but rather as a means to advance doctors’ own ends, there was a form of degrading treatment. Denying women the exercise of reproductive autonomy through obstructing timely access to prenatal diagnostic tests might likewise violate Article 3. Any resulting involuntary continuation of a legally terminable pregnancy, and the birth of a child with severe abnormalities, would constitute a form of inhuman and degrading treatment” [1,2].

Similar tests also became an important element of the so-called “Chazan Case.” The situation involved a pregnant patient whose case was consulted with Prof. Bogdan Chazan, who was the Director of the Family Hospital in Warsaw. Genetic examination carried out at the Mother and Child Institute revealed that the unborn child suffered from severe disorders. The patient demanded an abortion and the above Professor refused invoking the clause of conscience. At the same time he offered the patient specialist gynecological and obstetric care as well as help of a perinatal hospice [3].

The above cases are often presented by the media and some scientific centers stressing significant drawbacks of the doctors’ conscience clause provided for under Article 39 of the Doctor and Dentist Professions Act as well as under deontological rules of this medical profession. These situations of pregnant patients and their unborn children were analysed in the context of the conscience clause from the perspective of an obstetrician-gynecologist [4,5]. It is surprising and alarming at the same time that all other specialists were neglected, especially those who participate in the diagnostic

procedure of unborn children involved here. I mean mainly laboratory diagnosticians as the outcome of their work has a direct impact on the women’s decision on whether to continue or to terminate a pregnancy. When we analyse the current legal and professional situation of diagnosticians we may note a couple of important elements. First of all, these specialists are nowadays independent medical experts associated within a professional self-government. Secondly: legal acts that regulate the exercise of this profession do not allow these specialists to invoke the conscience clause. However, the Code of Ethics of Laboratory Diagnosticians adopts a different approach to this issue. This document points out that a diagnostician has the right to invoke the conscience clause and at the same time has the right to ask the professional self-government for legal help if he/she makes such a decision.

Without a doubt, when analysing the possibility for a diagnostician to invoke a conscience clause, we may see a clear discrepancy between legal and deontological norms that a diagnostician has to follow, interestingly enough, based on the Act. Can then the medical expert in question opt out of performing specific professional actions because of his/her conscience? Which of the elements being the basis for the decision to opt out is (should be) more important: the legal or the ethical one? Maybe even more important (or maybe more tragic) is the fact that in the case of laboratory diagnosticians similar elements are contradictory? The following reflections aim at giving an answer to the above doubts.

Prenatal Diagnosis

Every year the public opinion in Poland is informed about the number of pregnancy termination procedures. While analysing the statistics, we may note that the number of abortions has grown over the last years. There is also a clear upward trend in abortions performed due to a disorder of the fetus diagnosed during the prenatal period. In 2008, 467 procedures of this kind were carried out, in 2010-614 and in 2012-701. Later, similar statistics looked as follows. According to the Polish Press Agency (PAP): “The Ministry of Health informed that in 2013 there were 744 legal abortions, of which 718 procedures were performed after prenatal examination. Prenatal tests indicated a high risk of severe and irreversible damage of the fetus or of incurable life-threatening ailment” [6,7]. In 2014, PAP informed that the National Health Fund (NFZ) paid in the previous year for 1,812 legal pregnancy terminations [8,9]. The data presented by the Fund do not match the governmental report. NFZ

stresses that in 2013 it paid for 1,354 procedures and not for 744 as indicated by the government [9].

Without making a further analysis of the reasons behind such a discrepancy as indicated above, it has to be pointed out that more and more women decide to terminate their pregnancy year by year. Another element common for the above statistics is a dominating number of abortions carried out because of a severe and irreversible damage of the fetus. According to Article 4a, paragraph 2 of the *Act on Family Planning, Human Fetus Protection and Conditions Permitting Pregnancy Termination*, a pregnancy may be terminated when “prenatal tests or other medical findings indicate a high risk that the fetus will be severely and irreversibly damaged or suffering from an incurable life-threatening ailment.” The above legal basis became one of the major elements of the two cases quoted in the beginning of this paper and that were extensively commented: R.R. against v. Poland and the so-called “Chazan case” [6].

This is how the Federation for Women and Family Planning that strongly advocates free access to abortion, commented the case of Mrs. R.R: in 2002 R.R gave birth to a child with a serious genetic disorder-Turner syndrome. During pregnancy, several times she was refused prenatal tests that she had the right to according to the law, despite suspected symptoms detected in the fetus during ultrasound scans. Finally, in the 23rd week of pregnancy, R.R. was allowed to perform genetic tests which confirmed the genetic defect of the fetus, however the hospital where she requested an abortion in writing refused to perform it as, according to the doctors, the time-limit when the abortion is possible, was exceeded.” The representatives of the above Federation also added that “The Court declared that the denial of the right to prenatal tests was a violation of the right to respect for private and family life that every human being enjoys. Thus, Poland was found guilty of violating Articles 3 and 8 of the European Convention of Human Rights and obliged to pay R.R 45,000 euros compensation for physical and mental suffering and to implement mechanisms that will allow women to enforce their right to prenatal tests and to an abortion. The case of Prof. Bogdan Chazan was of a similar-prenatal-nature [10]. In the middle of 2014, Polish media informed that Prof. Bogdan Chazan, the former National Consultant in Gynecology and Obstetrics, due to his conscientious objection, refused to carry out a pregnancy termination procedure in the clinic he was running. In the beginning of June, the journalists of the weekly “Wprost” indicated that the situation involved the child of “Agnieszka”. The child was diagnosed with severe

defects excluding the possibility for the child to live independently outside the mother’s organism body. The cover of the above magazine presented the declaration made by the professor. According to this declaration, the doctor-who was a consultant and not a treating gynecologist-did not refer the patient to another doctor who would perform the pregnancy termination procedure. At the same time “Agnieszka” was offered obstetric care in the hospital and the help of a perinatal hospice supporting parents whose unborn children were diagnosed with lethal defects. Bogdan Chazan was accused of violating the patient’s right to reliable and comprehensive information. Allegedly, the medical record was not kept properly, as the article pointed out. This case had wide media coverage in Poland. It is worth mentioning that the doctor’s actions were found justified by the public prosecutor as well as by the medical agent for disciplinary matters [11,12].

The above cases were presented by the media in a selective way. In the case R.R. against v. Poland no one paid attention to the fact that the Turner syndrome the patient’s unborn child was diagnosed with does not allow for an abortion to be performed [13-15]. In the case of Prof. Chazan no one noticed that he was not the treating obstetrician for Agnieszka. No one paid attention to the fact that a different healthcare unit did not fulfill the patient’s wishing to terminate the pregnancy. It is worth noting that in the case of R.R. against v. Poland, as well as in Professor Chazan’s case, the termination of pregnancy was connected with the fact that severe defects were found in unborn children preventing them from further, independent existence. This element refers us directly to the topic of prenatal diagnosis.

The presented diagnostic tests may be invasive and non-invasive. Among non-invasive services we may find the following techniques:

- Ultrasound scans (USG),
- Screening: analysis of specific substances of fetal origin present in the mother’s blood serum,
- Tests on cells and on DNA of fetal origin present in circulation.

Among the invasive methods, we may cite, among others:

- Amniocentesis (amniotic fluid test),
- Chorionic villus sampling,
- Cordocentesis (Umbilical Cord Blood Sampling) [16,17].

The above presented examples of diagnostic actions taken on the child growing in the woman’s body are initiated by a medical doctor. However it is up to a

laboratory diagnostician to assess precisely the biological material. In the first as well as in the second example, the patients and their unborn children underwent ultrasound scans conducted by a medical doctor. It has to be pointed out that the next step made within medical support was a laboratory diagnosis which was to confirm or exclude the existence of an important defect of the fetus. As stated before, these actions were carried out by laboratory diagnosticians. This was clearly shown in the case concerning Professor Bogdan Chazan. As it turned out, the ultrasound scan-performed during the second trimester of Agnieszka's pregnancy-could not fully show the condition of the unborn child. This is why it was decided to refer the pregnant patient to the Mother and Child Institute. This unit allows carrying out a precise genetic diagnosis which confirmed the existence of severe defects [18]. In a similar situation, would it be possible for a laboratory diagnostician to opt out of testing the unborn child's biological material sent to the laboratory? Would the specialist have the right to invoke the conscience clause?

A Diagnostician and the Conscience Clause

In order to answer the above questions, first we have to refer to legal and deontological provisions defining the rules for exercising the profession of a laboratory diagnostician. Article 27 of the Laboratory Diagnostics Act says the following:

"A laboratory diagnostician participates in the diagnosis, prophylaxis and in the monitoring of a treatment." It is also added that: "It is a physician who decides about the final set of tests to be conducted." This Act also says that: "A laboratory diagnostician is obliged to proceed in accordance with his/her professional knowledge, deontological rules and with due care" (Article 21) [19].

If we analyse the above provisions, we may come to a conclusion that a diagnostician undertakes his/her actions on two "levels." On the one hand, he/she undertakes professional actions in cooperation with a physician. On the other hand, it is the physician who makes the final decision about the tests to be conducted. As regards the possibility of refusing to conduct specific actions, the Act in question provides under its Article 28 that: "A laboratory diagnostician has the right to refuse to perform the physician's order if its performance might threaten the life or health of a patient unless the physician having been informed of such a threat, repeats his/her order in writing." Under paragraph 2 of this provision it is added that: "A laboratory diagnostician justifies his/her

refusal to execute/perform the order in writing and he/she immediately informs his/her direct superior thereof." The Polish legislator also added that a violation of principles governing the exercise of this profession may entail professional liability. As written in Article 56 of the Laboratory Diagnostics Act, "Laboratory diagnosticians are subject to disciplinary liability for improper performance of laboratory diagnosis actions attributable to them as well as for actions contrary to deontological rules or to provisions concerning the performance of laboratory diagnostics actions." While talking about deontological rules that apply to the exercise of the profession of a laboratory diagnostician [19], we have to mention the Laboratory Diagnosticians' Code of Ethics (KEDL) [20]. This document refers to the conscience clause which is of interest to us. As opposed to other similar sets of rules, the Code defines the notion of "conscience." The definition is as follows: "moral awareness of a human being while making a choice (a decision), i.e., inner conviction informing about morality or immorality of a given action." Paragraph 24 of the Code of Ethics adds that: "In the case of a conflict of conscience, a laboratory diagnostician may refuse to participate in tasks entrusted to him/her, informing the interested parties and his/her superiors thereof explicitly and immediately." Moreover, paragraph 25 says that: "If the superiors or persons ordering a test exert any kind of pressure, a laboratory diagnostician may address him or herself to their society for help and legal protection" [20].

The analysis of the above fragments of the Laboratory Diagnostics Act and the Laboratory Diagnosticians Code of Ethics shows that the two documents differ significantly as regards the rights of these specialists. As for the diagnostician's refusal to undertake some actions, the Act allows for this only in the case of medical actions that according to the diagnostician might pose a threat to the patient. The expert then refers to the current medical knowledge that "does not allow him/her" to undertake such actions in a professional way. It is worth noting, however, the inconsistency of such a regulation. On the one hand, a laboratory diagnostician has the right to refuse actions that he/she considers harmful for the patient, on the other; a physician has the right to question the objection of such a specialist. The second refusal in writing transfers the responsibility for such an action posing a risk for the patient's health or life to the physician. Here, it is impossible not to notice that such an intervention of a physician prevents the diagnostician from fully enforcing the patient's right to "be provided with medical services carried out with due care by providers of healthcare services under conditions that

fulfill health and professional requirements defined in separate provisions." Article 5 of the Patients' Rights and the Commissioner of the Patients' Rights Act (hereinafter the Patients' Rights Act) referred to say that: "While providing medical services, healthcare professionals shall follow the rules of deontology defined by appropriate self-governments of medical professions". A laboratory diagnostician is presented as an autonomous profession, but at the same time as an expert subject to actions undertaken by a physician [21]. Such subordination is, in fact, justified. According to Article 2 paragraph 1 of the Doctor and Dentist Professions Act, it is the physician who is the expert responsible for the patient's treatment. However, it is impossible to forget a very specific situation of consecutive groups of experts without whom such a treatment would be impossible. Right now, it seems impossible to offer antenatal care without detailed information obtained thanks to a laboratory diagnostician. A lack of possibility to refuse to perform the criticized tasks has to be considered as harmful and discriminatory.

When analysing the rules from the Code of Ethics on the performance of the profession of a laboratory diagnostician, it is appropriate to pay attention to the character of these rules that are imperative and attributive at the same time. This aspect shows that each provision has, on the one hand, the form of an obligation: orders to carry out certain actions and, on the other, refer to the rights of a given person. Aleksandra Fry's says that: "The fact that people have rights means that you can demand from other people to behave in a certain way or to renounce to do something, then other entities you are dealing with have the obligation towards you to behave in a certain way. This means that if somebody is given certain rights, somebody else or others have some duties towards this first person. However, this does not mean that this interrelation works the other way around, i.e. insofar as rights generate obligations, obligations do not define the rights. For example: a patient has the right for respect of his/her privacy, which means that the medical staff have the obligation to create appropriate conditions in which medical services will be carried out. Without a doubt, if a patient has the right to a specific examination, then a diagnostician has the obligation to perform such an examination [22]. In the meantime, it is worth remembering that this diagnostician has rights that are guaranteed by the Constitution, such as the right to the freedom of thought, conscience and religion. Then, it is up to the State to guarantee that such a right will be respected [23].

It is also worth reflecting on the content of the above Laboratory Diagnosticians' Code of Ethics. This document is of key importance for daily practice of medical experts in question. Following the rules defined therein, the professional self-government has the right to analyse whether a given diagnostician broke the rules he/she is supposed to apply in his/her relations with patients. This Code is connected with laws that in their content mention patients' rights and freedoms. These documents guarantee that the provided medical services will be consistent with current standards of medical knowledge. It has to be stressed as well that this Code of Ethics also aims at reinforcing the moral development of this profession. The document says that: "a laboratory diagnostician performs his/her duties with a sense of responsibility towards his/her professional self-government ensuring the promotion of impeccable attitudes and professional growth" (para 5). Also that "permanent reflection on the rules of procedure of a laboratory diagnostician shall lead to the improvement of moral and professional attitudes of laboratory diagnosticians" (para.29) this Code is not only a source of specific professional duties; it also constitutes a formal element protecting the personal development of a given person. It can also help when faced with a difficult moral dilemma [24].

New Challenges

When analysing the above reflections in the perspective of practical aspects, it is necessary to pay attention to the spheres that may be the source of special difficulties in the work of a laboratory diagnostician. These difficulties may occur in a situation when the above expert:

- Has to confirm or exclude the existence, e.g. of lethal defects of a fetus that might lead to an abortion,
- Has to participate in such activities as widely understood in vitro fertilization.

Recently, there have been dynamic legislative changes that have allowed, among other things, to use assisted reproductive technology. In Poland, on 22 July 2015, President Bronislaw Komorowski signed the Fertility Treatment Act. This document allows benefiting from in vitro fertilization for free [25]. Under this Act, married people and people living together have been granted this right. In order to be able to benefit from such reproductive techniques, they have to prove that they have been trying to conceive a child using any other technique than in vitro fertilization. NGOs in their analyses showed that this Act contains some alarming provisions [26].

We may list among them the consent to:

- Test embryos,
- Cryopreservation of embryos,
- Implantation of embryos in the body of anonymous recipients [27].

According to Waldemar Glusiec and Elżbieta Puacz, similar procedures may lead to serious moral doubts among laboratory diagnosticians. It is them who, within their work, may be obliged to:

- Examine reproductive cells in order to find out whether a given woman or a man can participate in in vitro fertilization,
- Examine a fetus within the framework of preimplantation diagnosis, or
- Fuse, under artificial conditions, sperm and an egg cell.

Similar situations can cause even greater discomfort for laboratory diagnosticians and they may appear suddenly. The adoption of provisions introducing the in vitro method in Poland can encourage some laboratories to offer this specialized service as well [28]. A given person (i.e. a diagnostician), unexpectedly, can find him/herself in a situation where his/her scope of duties will be broadened to include, e.g. the examination of a patient's sperm. It is worth noting that during the legislative process concerning the in vitro fertilization, the bill prepared by Boleslaw Piecha, MP, included Article 18 saying that: "No one can be obliged against his/her conscience to participate in a medical procedure of in vitro fertilization" [29].

Moral Summary for the Future

The role of laboratory diagnosticians during treatment is of importance. Every day medicine can locate faster and more precisely the causes of a given disease. Without a doubt, therapeutic methods are also being improved. Similar interventions are often supported with state-of-the-art achievements in biomedical research. For several dozen years diagnosticians have occupied a special place in the medical support for pregnant women. In fact, they are the ones who have the possibility to examine thoroughly the child at a very early stage of pregnancy. Their analyses allow to confirm or to rule out the existence of a disease that may pose a threat to the life of the unborn. Paradoxically, a similar diagnosis very often leads not to start treatment but to decide about the termination of a pregnancy by carrying out an abortion. Pursuant to the Polish statutory law, diagnosticians do not have the right to invoke conscientious objection. However, the Laboratory Diagnosticians Deontological

Code offers such a possibility [16]. Moreover, a diagnostician who suffers unfair treatment because of his/her conscientious objection has the right to seek help from the professional self-government. At the same time two important phenomena have to be stressed.

First of all, legal and deontological provisions are contradictory. Referring to the concept of Lon Fuller, they have to be considered as immoral. A diagnostician does not have a formal right to invoke the clause [30]. However, formal legal provisions require him/her to undertake actions in agreement with his/her conscience. Moreover, the patient, who is "judging" the Behaviour of this specialist from his/her perspective, also has the right to expect the diagnostician to perform medical activities according to his/her conscience. This means that while imposing the performance of medical actions against an expert's conscience, a patient's rights guaranteed by the law can be thus infringed. It is worth pointing out yet another element. Does the lack of provisions concerning the conscience clause in the Laboratory Diagnostics Act really deprive the diagnostician of the right to abandon some tasks because of a moral conflict? The analysis of the documents binding in Poland leads to a conclusion that the reply to such a doubt is not obvious. As already mentioned above, Article 53 paragraph 1 of the Constitution of the Republic of Poland guarantees everyone the freedom of conscience. Moreover, Article 18 of the International Covenant on Civil and Political Rights says that "everyone shall have the right to freedom of thought, conscience and religion." Moreover, paragraph 2 of these provisions says that "no one shall be subject to coercion which would impair his freedom to have or to adopt a religion or belief of his choice." While invoking the provision included in the above Pact, Andrzej Zoll was right to say that a given specialist (then it was the case of pharmacists) when he/she does not accept a given action, he/she has the right to refer to this regulation [31]. Certainly, a similar rule is in full correlation with the situation of laboratory diagnosticians [32].

It is also important to mention the judgment of the Constitutional Court of 7 October 2015 concerning the physicians' clause of conscience. The oral justification of the judgment stressed that physicians have the right to conscientious objection not only because this right is provided for in the Physician and Dentist Professions Act. A similar right, according to the majority of judges of the Constitutional Court, does not depend on the Act and is guaranteed by the Polish Constitution. This judgment underlines that in the case of physicians separate legal provisions on the conscience clause were provided for

because of the specificity of their profession. In other words, these specialists may encounter situations leading to their moral reservations. The right to conscientious objection stems from the very nature of human beings and not from a specific act of law. Defining conscience as a key value directly refers to the sources of human rights [7]. As Wojciech Boloz rightly points out, it is in the human conscience that we should seek the special status of human dignity [33-39].

The progress of biomedicine inevitably moves consecutive elements of the diagnosis to medical laboratories. The freedom of conscience of employees who work in those places seems to be obvious. It also seems to be obvious that it is necessary to make legal changes allowing to fully exercising this freedom.

References

1. RR v Poland (2011) Fourth Section Judgment. European Court of Human Rights *Europeenne Des Droits Del' Homme* 16: 5-19.
2. Kmiecik B (2011) Judgment in the Case R R versus Poland-Legal, Ethical and Social Aspects, Life and Fertility-Aspects of Human Procreation 16: 5-19.
3. Baran M (2014) Extended Interview with Prof Bogdan Chazan. *Bioethics Newsletter* 4: 1.
4. Document: Act of 5 December 1996 on Doctor and Dentist Professions (JL as of 2005, No: 226, item 1943 with further amendments).
5. Biesaga T (2006) Doctors' Code of Ethics *Medycyna Praktyczna (Practical Medicine)* 9: 20-25.
6. (2009) Report of the Council of Ministers of 2008 on the Enforcement of the Act of 7 January 1993 on Family Planning, Human Fetus Protection and Conditions Permitting Pregnancy Termination and on the Effects of its Enforcement, Warsaw.
7. Kmiecik B (2015) Necessary Amendments of the Provisions on Conscience Clause. *Medicine Pulse* No 16: 8.
8. Hipisz N (2013) *Abortion Experience of Polish Women*. Warsaw.
9. (2015) Press Release of the PAP, "Ministry of Health: More Than 700 Legal Abortions in 2013", *Rynek Zdrowia (Health Market)*.
10. (2011) Document: Crucial Judgment of the European Court of Human Rights: Denial of Prenatal Tests Means Inhuman and Degrading Treatment *Biuletyn: Mam Prawo (Bulletin: I Have Rights)* 5: 1-2.
11. Rigmonti M (2014) *Cruelty Clause Wprost* 24: 13-15.
12. Sikora A, Chazan B (2015) *Cleared of All Charges Panaceum* 6(7): 16.
13. Kucharczak P (2015) *Women with Turner's syndrome Gosc Niedzielny*.
14. Pawlowska B (2010) *Chromosomal Aberrations with Fetuses with Congenital Heart Disease. Perinatology, Neonatology and Gynecology* 3(2): 91.
15. Wisniewski A *Turner's syndrome: A Handbook for Patients and Their Families*. Warsaw: The Polish Turner Syndrome Support Society.
16. (2015) Document: A Guide on Bioethics for the Young, Jerome Lejeune Foundation, One of Us Foundation and Interfaculty Institute of Bioethics of the Pontifical Academy of Theology in Cracow.
17. Midro A (2011) *To Exist, To Live and To Be Loved*. Cracow: Oficyna Wydawnicza Impuls.
18. Chazan B, Muller M (2014) *The Right to Live Without Compromises*. Cracow: WAM.
19. Document: Act of 27 July 2001 on Laboratory Diagnostics, (JL 2001 no. 100 item 1083).
20. Document: Code of Ethics of Laboratory Diagnosticians, Appendix to the Resolution no. 4/2006 of the Extraordinary National Assembly of Laboratory Diagnosticians of 13 January 2006.
21. Document: Act of November 2008 on Patients' Rights and the Commissioner of Patients' Rights (JL No. 111, item 535 with further amendments).
22. Frys A (2009) *Selected Rights of an Unconscious Patient Anesthesiology and Rescue* 3: 365.
23. Document: Act of 2 April 1997 of the Constitution of the Republic of Poland (JL No. 78, item 483 with further amendments).
24. Morawska E, Morawski J (2004) *Training to Replace Aggression in Schools and in Educational Institutions*. Warsaw: Instytut Amity.

25. Document: Act of 25 June 2015 on Fertility Treatment (JL of 2015, item 1087).
26. (2015) Press Release: A TV report: President has signed the in vitro act. One element to be studied by the Constitutional Court, TVN 24.
27. Stepkowski A, Kochanski A, Banasiuk J, Lewandowicz A, Kmiecik B (2014) Ordo Iuris Opinion on the Fertility Treatment Bill. Warsaw: Ordo Iuris Institute for Legal Culture.
28. Glusiec W, Puacz E (2014) Conscientious Objection in the Profession of a Laboratory Diagnostician. In: Stanisz P, Pawlikowski J, Lublin MO, et al. (Eds.), Conscientious Objection in Medical Practice, Wydawnictwo KUL pp: 232-234.
29. Document: Bill on the Protection of the Human Genome and the Human Embryo and on the Polish Bioethical Council and on the Amendment of Other Laws. Sejm, Druk no. 1107, Warsaw 2012.
30. Tyminski R (2006) Lawmaking in the Philosophy of German Natural Law Advocates Ernest-Wolfgang Bockenford and Otfried Hoffe *Studia Iuridica* 45: 236.
31. Document: International Covenant on Civil and Political Rights open for signature in New York on 16 December 1966 (JL of 1977, no. 38, item 167).
32. Szczucki K, Zoll A (2011) Three Premises of Death *Imago* 4: 56.
33. Boloz W (2007) *Bioethics and Human Rights*. Warsaw: Wydawnictwo Naukowe UKSW.
34. (2015) Document: End of the Investigation in the Case of Prof. Bogdan Chazan *Glos Polski* 19: 3.
35. Document: Act of 7 January 1993 on Family Planning, Human Fetus Protection and Conditions Permitting Pregnancy Termination. (JL 1993 no. 17 item 78).
36. Kmiecik B (2014) Pilate's Clause *Idziemy* 25: 17.
37. Kmiecik B (2014) Test Tube of Conscience biotechnologia.pl.
38. Rozwadowska A (2019) Press Release of the PAP: National Health Fund: More than 1800 Legal Abortions in 2014, *Gazeta Wyborcza*.
39. (2014) Report of the Council of Ministers of 2008 on the Enforcement of the Act of 7 January 1993 on Family Planning, Human Fetus Protection and Conditions Permitting Pregnancy Termination and on the Effects of its Enforcement, Warsaw.

