

2011

Taking a Feminist Relational Perspective on Conscience

Carolyn McLeod

The University of Western Ontario, cmcleod2@uwo.ca

Follow this and additional works at: <https://ir.lib.uwo.ca/philosophypub>



Part of the [Philosophy Commons](#)

Citation of this paper:

McLeod, Carolyn, "Taking a Feminist Relational Perspective on Conscience" (2011). *Philosophy Publications*. 428.
<https://ir.lib.uwo.ca/philosophypub/428>

- 17 Fabian, *supra* note 79 at xi and 31.
 18 Pauline Wakeham, *Taxidermic Signs: Reconstructing Aboriginality* (Minneapolis: University of Minnesota Press, 2008) at 17. By social imaginary, I mean the deep background of concepts and discourses, expectations, and representational schemas that shape (most often implicitly) "the ways people imagine their social existence, how they fit together with others, how things go on between them and their fellows." Charles Taylor, *Modern Social Imaginaries* (Durham, NC: Duke University Press, 2004) at 23.
 19 Tosse, *supra* note 3 at 159.
 20 John Ralston Saul's provocative claim that Canada is "a Métis civilization," which is an attempt to encourage acknowledgment of the deep influence of Indigenous nations on the values that Canadians cherish, has recently confronted both Indigenous peoples and non-Indigenous Canadians with similar questions about the politics of reidentification. John Ralston Saul, *A Fair Country: Telling Truths about Canada* (London: Penguin Books, 2008).
 21 Taitake Alfred, *Wasáke: Indigenous Pathways of Action and Freedom* (Peterborough, ON: Broadview Press, 2005) at 131.
 22 Sheila Wildeman has pointed out to me that this point is closely connected to the previous one since witnessing and supporting the flow of intergenerational memory is one way to defeat a taxidermic semiotics.
 23 Valaskakis, *supra* note 15 at 215-16.
 24 McKay, *supra* note 18 at 113.
 25 Kelly, *supra* note 18 at 23.
 26 Brian Rice and Anna Snyder, "Reconciliation in the Context of a Settler Society: Healing the Legacy of Colonialism in Canada" in Castellano, Archibald, and DeGagné, *supra* note 11 at 46; Kelly, *supra* note 18 at 22.
 27 This despite the fact that reparative contexts should be particularly valuable sites for thinking through the relational nature of identities, as they seek to shift self-identification and social norms through encouraging relational interaction.

7

Taking a Feminist Relational Perspective on Conscience

Carolyn McLeod

One would hope that one's health care professional had a conscience. Indeed, the idea of a health care professional without a conscience is an utterly frightening one. I assume then that conscience is something we value among these professionals (which is not to say that their conscience could not be overvalued).¹ The fact that conscience has value in health care is clear.² But why conscience has value in health care is opaque, given, for example, how harmful conscientious refusals by health care professionals can be.³ Why do we care whether a doctor or nurse, say, has a conscience? What understanding of conscience do we need to be able to explain the value of conscience in health care?

One understanding of conscience dominates bioethical discussion about conscience. For obvious reasons, I call it the dominant view.⁴ According to this view, to have a conscience is to be compelled to act in accordance with one's own moral values for the sake of one's "integrity." Here, integrity is understood as inner or psychological unity. Conscience is deemed valuable because it promotes this quality. In the chapter that follows, I describe the dominant view, attempt to show that it is flawed, and sketch a positive alternative to it. In my opinion, conscience often fails to promote inner unity (regardless of the degree of inner unity that we have in mind); acting with a conscience leaves many people broken rather than unified. A better view about the value of conscience is that having a conscience encourages morally responsible agency. My goal is to prove that this alternative explains better what it means to value conscience in health care and the extent to which we ought to value it.

My argument proceeds from a feminist relational perspective. I contend that this perspective allows us to see what it means, and why it is important, for beings like us (that is, relational beings) to have a conscience. From a perspective on moral agency that is relational, social relations not only potentially limit moral agency (that is, the ability to make moral choices

and to be held morally responsible), but they also help to create it and to make it recognizable. The skills, identities, and behavioural and emotional dispositions of moral agents are all developed and understood within particular social contexts.⁵ People do not come into this world fully formed and able to comprehend one another as moral agents, despite how they seem in much analytic moral philosophy. Rather, the social relations into which they enter (often involuntarily) help to make them who they are, which could be a healthy moral agent, a damaged one, or perhaps not a moral agent at all. The relations that shape them, from a *feminist* relational perspective, include political relations of oppression and privilege, which can seriously damage, but also enlighten, them as moral agents. My aim in this chapter is to show, from this perspective on moral agency, that the dominant view is problematic and that an alternative is in order.

This chapter illustrates that feminist relational theory does not simply highlight the importance of social support for developing capacities such as conscience or autonomy. It also often critiques how these capacities are understood (for example, autonomy as mere independence) and develops new understandings of them (for example, "relational autonomy"). There is as yet no feminist relational critique of how bioethicists interpret conscience. Thus, in the first part of this chapter, I present this critique, while in the second part I give my positive, relational view.

Analyzing the Dominant View

The View in a Nutshell

One reason why conscience is relevant to health care is that conscientious objections occur with some frequency in health care. Sometimes these objections target health care practices or policies that are simply corrupt, although all too frequently they aim at practices that are morally essential.⁶ For example, conscientious objections by pharmacists to provide women with emergency contraception have been frequent enough in North America to attract the attention of media, legislators, and some bioethicists.⁷ And conscientious objections by physicians to abortion are common enough in many parts of the world to limit access to abortion severely.⁸ These sorts of refusals raise a number of moral questions, with perhaps the central question being: "Why ought we to take claims to conscience seriously, as explanations for why someone must do, or not do, a certain thing?" The dominant view says that we ought to take these appeals seriously because a person's "integrity" is at stake (hereafter, read "integrity" as inner unity).⁹ Supporters of this view give various reasons for connecting conscience and integrity in this way. Let me summarize the dominant view and then outline some of these reasons.

According to the dominant view, our conscience has a particular focus: the impact on the self of violating our deep moral commitments. These violations would bring about guilt, shame, or self-betrayal that aches so much we would be unable to live with ourselves. Negative moral emotions such as these signal a rupture in the self, between one's actions or thoughts and one's moral values. In other words, they reveal a lack of integrity. To have a conscience is to be internally warned or reminded of this consequence (that is, of psychological disunity) should one do or fail to do a certain thing and to be reluctant simply to live with this consequence rather than try to prevent or remove it.¹⁰ This summary suggests that there are two dimensions to having a conscience on the dominant view: (1) being alert to signs of discord between one's actions or thoughts and one's deep moral commitments; and (2) being inclined to assuage the discord. The "voice" of conscience is this alertness and this inclination – our conscience "speaks" to us when we are attentive and prepared to eliminate inner moral discord.¹¹

The unity that a conscience promotes is a moral unity, according to the dominant view. What is at stake is our moral integrity. And among our moral commitments, the ones that are most relevant to conscience are those that contribute to our moral identity (these are our "deep" moral commitments) because our psychological unity critically depends on whether we honour them. Failure to do so calls into question what kind of person we are, which can cause severe psychological rupture.

To get clearer on the relation between conscience and moral unity in the dominant view, having a conscience and being morally unified are not identical, but, rather, the one (conscience) fosters the other (moral unity). Having a conscience also may be necessary for moral unity, but it is not sufficient for it, since on top of having a conscience we also need to have moral standards and reasoning capacities (those that allow us to unify our moral lives) in order to be morally unified. As well, according to the dominant view, the moral unity that conscience promotes is not a unity of pre-determined or prescribed moral values but, rather, a unity of whatever moral values we happen to hold. The deep moral commitments of a person with a conscience are subjective rather than objective.¹² Thus, the requirement that this person promote her moral values for the sake of her moral integrity is purely formal.

To summarize the dominant view, it states that conscience functions to keep us in a certain relation to ourselves, one in which we have proper regard for, and actively promote, our moral integrity. According to this view, then, the value of conscience is personal rather than social – having a conscience keeps us in "the proper relation" to ourselves but not to others (at least not directly).¹³

Why think that the dominant view is correct? Advocates of it give a number of reasons of which I will highlight two.¹⁴ One has to do with the "dramatic language" that often accompanies an appeal to conscience.¹⁵ Examples include: "I wouldn't be able to live with myself if I did that", "I wouldn't be able to sleep at night", or "I would hate myself." People say such things when they imagine having to violate a commitment that they hold dear and when the violation would make them feel so alienated from themselves, so de-stabilized, that they would not be able to go on (or so they say). The self-betrayal and subsequent loss of self-respect, together with feelings of shame or guilt, would be unbearable to them. Ultimately, they would lose integrity. In short, then, the dramatic language of conscientious objectors supports the contention that conscience protects integrity.

A further point made in favour of the dominant view is that it allows us to explain the difference between appealing to conscience to avoid having to perform an action – call it Y – and voicing one's judgment that Y is morally wrong. If there were no difference between the two, then making the appeal to conscience, after explaining that in one's opinion Y is wrong, would be redundant.¹⁶ However, most of us would not agree that the appeal is redundant (that is, that making it is identical to issuing a moral judgment). And that must be because the appeal to conscience does more than express our judgment that Y is wrong. On the dominant view, it says that our integrity is at stake.

For these reasons, among others, the dominant view is dominant in bioethics.¹⁷ The view is compelling because it makes sense of many of our intuitions about the nature and value of conscience. Nonetheless, I think it is deficient as a conception of conscience.

Before turning to its deficiencies, however, let me explain where, according to the dominant view, the value of conscience lies. Clearly, according to this view, conscience is valuable because it protects moral integrity. Yet why is this integrity important? Advocates of the dominant view give two basic answers. One is that unity or inner peace contributes to our having a good life.¹⁸ The other is that unity and the desire to repair "inner division" are admirable characteristics of persons.¹⁹ This last response comes from Jeffrey Blustein. For him – and for others presumably – it is tempting to say of people who are divided internally that they owe it to themselves to try to become unified.²⁰ They owe it to themselves not simply because division can be difficult but also because they would not be taking themselves seriously as moral agents if they thought little of acting against their moral principles or of having inconsistent principles. Thus, Blustein suggests that we have a moral duty "to ourselves to lead personally integrated lives."²¹ He implies that in matters of inner unity, our self-respect is at stake. On the dominant view, inner unity is valuable for these reasons and having a conscience is valuable because it promotes inner unity.

Conscience and Inner Unity: How Strong Is the Connection?

With respect to inner (moral) unity, the dominant view says two things: (1) that acting with a conscience promotes such unity, and (2) that the value of conscience just is the value of such unity. I will examine both of these claims from a feminist relational perspective. Assuming that people can be more or less unified, my discussion will focus on what degree of moral unity a conscience is meant to foster on the dominant view: is it perfect unity, optimal unity, or merely "serviceable" unity?²² Advocates of the dominant view do not say.²³ This matter is important, however, when analyzing how the dominant view connects conscience with inner unity. In this section, I argue that conscience often does not function to support inner unity or even serviceable unity, and therefore its function and its value must lie elsewhere. To support these claims, I bring in facts about moral agency that are missing from the dominant view, in particular, the following facts about the impact of oppressive social relations on moral agency: normally, these relations (1) influence what people value and therefore what would make them unified, and (2) shape how much power people have to determine the meaning of what they have done and whether what they have done contributes to their inner unity.²⁴ As I will demonstrate, a careful consideration of such facts would have forced advocates of the dominant view to think more carefully about the connection between conscience and inner unity.

Some clarity about the nature of inner unity is in order first. What does it mean to have inner unity and, more specifically, inner moral unity? According to Blustein, it means that our "actions and motivations [are in] harmony with our principles."²⁵ Presumably, our principles (moral attitudes and so on) would also have to be in harmony with one another, for otherwise we would be inconsistent or ambivalent, which are both marks of disunity. Unity is something we achieve through critical reflection or examination, for "[t]he words, deeds, and convictions of an *unexamined* life are unlikely to be sufficiently integrated to constitute a singular life."²⁶

Since moral principles, attitudes, and actions can be more or less in harmony with one another, inner unity must come in degrees. I have said that the dominant view is unclear about what degree of inner unity a conscience is meant to foster. Could it be perfect unity?

Perfect Unity

Does our conscience aim to make us perfectly unified so that we experience no ambivalence or inconsistency? Is a good conscience completely clean and easy? Would promoting perfect unity even make our conscience valuable? For the sake of argument, I assume that the answer to these questions is "no," and, to be charitable, I assume that advocates of the dominant view would agree with me. Perfect unity is a fantasy for beings such as us, because not everything that we value or do is available to our consciousness so that

we can unify it. Yet even if we were transparent to ourselves, our moral lives would be too complex to admit of a perfect unity. To have such unity – perfect moral unity – there would need to be a clear priority ranking to our moral values, so that if they ever conflicted with one another (for example, being honest conflicting with being compassionate), we would know exactly what to do. Most, if not all, of us lack such a straightforward moral system, however, and many of us, especially those of us who are oppressed, experience moral conflicts all of the time.²⁷ It follows that even if a state of perfect unity were possible for us, we would rarely be in it. Thus, it is reasonable to assume that the inner unity that conscience promotes is not perfect. Consistently acting with a conscience will not allow us to achieve perfect unity, which is not to say, of course, that it will not allow us to be more unified than we would otherwise be.

Optimal Unity

If by “inner moral unity” advocates of the dominant view do not mean perfect unity, then perhaps they mean optimal unity. Moral unity is optimal if it is as much unity as we can hope for given the complexity of our moral lives. The dominant view would be that conscience promotes optimal moral unity and that the value of conscience is the value of this unity, which itself contributes to a good life and a good character. Optimal inner unity can certainly be valuable. I accept from a feminist perspective that it is valuable, for example, when it allows women and others to resist oppression forcefully. Resisters need to be “as whole as it is possible to be” for their resistance to be as powerful as it can be.²⁸

However, I question from a feminist relational perspective whether optimal inner unity is always valuable, and for reasons given below (under “serviceable unity”). I question whether conscience always promotes optimal unity. Surely such unity does not always contribute to a good life and a good character. Consider a nurse – call her Betty – who suffers from psychological oppression.²⁹ Overall, she has low self-worth because she has internalized views about nurses being “intelligent machines” that exist “for the purpose of carrying out [doctor’s] orders” and about women being second-class citizens.³⁰ Nurse Betty could be optimally unified around her low self-worth, in which case as many of her actions and thoughts as possible would be consistent with it. Her sense that she matters less than other people would infect as much of her as possible, precisely because she is optimally unified around this diminished perception of herself. I assume that such unity is not good for her – it does not contribute to her having a good life – and neither is it something that she morally ought to encourage. Instead, she would have a better life and a better character if she were to oppose any internal pressure she feels (that is, from her conscience) to be optimally unified in this way. It follows that optimal inner unity does not always

promote a good life and a good character. It is not always valuable, which means that conscience would not always be valuable if it promoted such unity.

Someone might object that the dominant view is consistent with the intuition that not all forms of optimal unity are worth protecting. Presumably, according to this view, optimal inner unity, or inner unity in general, is not sufficient for a good life, which means that some unified lives may not be good.³¹ In addition, while moral integrity is a virtue, it is not the only virtue. Advocates of the dominant view might say that it is a bad thing that the inner unity of the subjugated nurse comes at the expense of her self-respect, for example. If they would agree with these points (that is, that someone who is optimally unified could have a bad life and a bad character), then they must insist that optimal inner unity is valuable, other things being equal, rather than valuable absolutely. And they must believe the same thing about conscience, given that the inner unity it promotes may not be valuable.³²

Thus, advocates of the dominant view can reduce the value of conscience to the value of optimal inner unity only by qualifying the former and saying that it exists not absolutely but only when other things are equal. They would have done so explicitly if they had reflected on how, in a society that oppresses people psychologically, some forms of optimal inner unity are not worth protecting. The kinds of social relations in which people are embedded help to shape how valuable their inner unity is. Inner unity and its value are relationally constituted.

The question remains about whether conscience actually does protect optimal inner unity. We have discussed only how valuable conscience would be if it did so. In the next section, I give reasons for thinking that it does not do so regularly for people who are privileged and for those who are oppressed although not psychologically. My main focus there is on whether the function and value of conscience might lie in it promoting a serviceable amount of unity.

Serviceable Unity

A serviceable moral unity is the minimal amount of unity that one needs to get on with life and be morally responsible. It is essential for moral agency – in particular, for our ability to make moral choices, which we lose if we become wracked with guilt or shame and, as a result, are unable to believe that we are truly committed to anything. I assume that feeling such extreme negative moral emotion is bad even if it reinforces one’s oppression. For instance, subjugated Nurse Betty could transgress norms about nurses being strictly obedient, but feel so horrible about it, so lost – as though her life no longer had meaning – that the transgression is not worth it.³³ It would be wrong of us to cheer her on in “misbehaving,” as she would put it. Cases

such as hers suggest that serviceable moral unity is valuable and that having a conscience is valuable if it protects this degree of unity.

The idea that conscience functions to preserve serviceable unity also coheres well with the dominant view, in particular, with its emphasis on the dramatic language that can accompany an appeal to conscience (for example, "I wouldn't be able to live with myself"). Such language is well suited to people who wish to protect their moral agency – that is, who wish to be unified to a serviceable degree. Thus, the dominant view could very well be that conscience has value because it promotes serviceable moral unity. The question is whether the dominant view would then be correct. Is it true that conscience functions to preserve the minimal amount of unity needed for moral agency? There are at least two reasons for believing that this claim is false.³⁴

Consider first that for our conscience to play this role, our moral agency would actually have to be at stake when we do what our conscience says we ought not to do. In other words, it would have to be true that we would not be able to live with ourselves if we ignored our conscience and committed acts that we thought were morally wrong. Perhaps this claim would be true of some of us, depending on what the relevant acts were. For example, killing people or betraying those whom we love dearly would probably forever make some of us unbearable to ourselves.

The empirical evidence indicates, however, that many of us could live with ourselves quite easily after committing acts that we thought we would never commit. We are more resilient, in other words, than our dramatic claims ("I couldn't look at myself in the mirror") suggest. Putting the best spin on what we have done, or what we have learned because of what we have done, allows us to get along just fine.³⁵ Psychologist Daniel Gilbert argues that people are generally predisposed to find some goodness in what they have done when what they have done is bad, because they want to believe that their lives are going well.³⁶ However, to find goodness in what they have done, they may have to downplay what they have done – that is, deny responsibility for it by saying, for example, that they were only following orders. James Childress writes that someone who makes an appeal to conscience "claims that he will not be able to deny that the act is his if he performs it."³⁷ That may be what this person claims – however, he could very well do the opposite if the only route to mental well-being he has available after committing the act is to take no responsibility for it.

People are limited, of course, in how much they can put a positive spin on their actions ("when our team's defensive tackle is caught wearing brass knuckles ... we find it difficult to overlook or forget such facts").³⁸ How limited people are in this regard, moreover, can depend considerably on their social position. People who are privileged tend to have more power than others to make their behaviour seem benign or good. Paul Benson

makes this point about men compared to women in sexist societies: "Men who reap advantages from [sexist social] arrangements are commonly in a position to justify their conduct by appealing to gendered social norms that grant men special prerogatives ('lighten up! Surely there is nothing wrong in my just looking, teasing') or by professing their innocent motives ('I didn't mean any harm by it')."³⁹ By contrast, women often lack the power to say "lighten up" or to convince others, in certain contexts at least, that they "didn't mean any harm by [what they have done]." For example, people would tend not to believe this last statement when a woman utters it after having left her husband and children because she found it impossible to continue to play the traditional feminine roles of wife and mother. Such disbelief stems from the thought that, as a woman, she could not have failed to understand the harm that her departure would cause (whereas a man could do so). She must have willed it to happen or, in other words, must have meant some harm by what she did.

In short, people who are socially powerful can often convince others of their innocence, or deflect blame away from themselves and onto others, when they fail to do what their conscience dictates. With such authority, they can live with themselves quite easily if they ignore their conscience. Although they might say that they are loath to draw on this power, they might use it regardless because of a disposition they have to try to be happy (or simply to maintain their power). Hence, their serviceable inner unity is not obviously at stake when they decide whether to listen to their conscience, and their conscience therefore may not function to preserve their serviceable inner unity.

Perhaps repeated violations of conscience, however, would put the serviceable inner unity of people in power at risk.⁴⁰ This possibility is germane to discussions about conscience protection for health care professionals, who will probably receive repeated requests for any service to which they conscientiously object. Imagine a family physician who refers all patients who want abortions to abortion providers. His conscience opposes this action, but his profession requires it. He might be able to spin making a referral positively the first time that he does it, but will he be able to do so for each successive referral? Will the referrals not wear on him over time and leave him full of regret? I suspect that they could do so, although I also believe that the physician could receive enough social support in thinking that he is only following orders or is not really complicit in an immoral act that he could keep his conscience quiet. If no one else seriously questions how he defines his behaviour, then he could easily fail to do so himself.

Consider next that people who lack the power to cast themselves and their actions in a positive light may not be able to live with themselves even if they do listen to their conscience. They put their serviceable inner unity (or at least the degree of unity they currently possess) at risk when they heed

their conscience. If this is true, then rather than protect their inner unity, their conscience disrupts it. Think of a woman who charges her male co-workers with sexual harassment in an intensely sexist work environment. She has to hope that someone in power will take her complaint seriously, but what if no one does. Then her male co-workers start harassing her even more, saying that she is just an angry b—. Her female co-workers are too afraid to back her up, thinking that if they do they will lose their jobs and the harassment they face will increase. The woman is left with few supporters, with constant harassment, and with serious threats to her physical security. Imagine that she cannot quit her job because it is the only job she can get that allows her to care financially for her children.⁴¹ Although she listened to her conscience, she may be less morally unified and may lose serviceable moral unity as a result. She may not be able to persist in believing that, by her own lights, what she has done is morally right. For she may think, correctly perhaps, that all she has done is made herself into a pariah in her community, who has to fear for her own safety. Alternatively, others' negative stories about her behaviour may come to seem reasonable to her (she really is just an angry b—). It would be hard, if not impossible, for her to sustain her own story if everyone else's were different.⁴² The final result could be that she becomes full of self-loathing and regret.⁴³

This example reveals how much social support and the power to determine the meaning of what one has done (for example, been disloyal as opposed to courageous) can shape people's experience of conscientious refusal. The experience may be one of brokenness rather than unity, even serviceable unity. The dominant view does not obviously account for this fact, which simply cannot be accounted for without appreciating how much people are embedded in social relations that influence how successful their attempts at moral action can be.

Arguably, it is implicit, however, within the dominant view that without some social support for one's conscience, acting with a conscience can undermine one's inner unity. Advocates of this view argue in favour of social support for health care professionals' consciences so that these professionals will not have to choose between stiff inner (personal) sanctions if they act without their conscience and stiff outer (social) sanctions if they act with it. The hidden message here is that acting with a conscience can be devastating if the outer sanctions are too great. Yet, among these sanctions, the authors consider only those that are imposed by legal systems or administrative bodies, not those that exist because of oppressive social norms. By contrast, I hope to have made explicit what the social determinants are of surviving a conscientious action as a health care professional or simply as a person in an oppressive society.

At the same time, however, I believe I have cast doubt on the claim that what a conscience does primarily is promote serviceable unity or any other

degree of unity for that matter. If it does not serve this function in a whole range of cases, then its function probably lies elsewhere. Unlike with perfect and optimal unity, I do not doubt that serviceable unity is always valuable. However, I have shown that for some people – particularly those with social power – acting against their conscience would not put their serviceable unity at serious risk, which means that doing the opposite – acting with a conscience – could not be required for inner unity. For other people – that is, those with little social power (or power within an organization) – acting with a conscience can undermine their serviceable unity or at least disrupt, rather than promote, their inner unity as a whole. Taking a feminist relational perspective on conscience has allowed us to see these facts and, in turn, to see that the dominant view is probably false.

An Alternate View

I want to be clear that I do not think the dominant understanding of conscience in bioethics is utterly and completely mistaken. People who act in accordance with their conscience and feel justified in doing so will be optimally unified at least at the time of acting. Having listened to their conscience, the majority of them may also be more unified long term than they would otherwise be. Some of those who face severe social sanctions because of their conscientious action could even be more unified because of this action than they would otherwise be. The objector who is sanctioned with inhumane treatment could still feel as though she did the right thing.

Yet having said that there is some truth to the dominant view, I nonetheless doubt that it is the correct view. I believe that conscience functions primarily not to preserve inner unity but, rather, to encourage people simply to act in accordance with their moral values. I also contend that the value of conscience goes beyond its function, rather than being identical to it, which is the case with the dominant view. Conscience is valuable potentially not only when it urges us to take our moral values seriously but also when it forces us to rethink those values, after perhaps clarifying for us what those values are. For example, if my conscience encouraged me to prepare dinner for my husband every night, simply because he is my husband, then I would have to consider seriously how much I have embraced certain feminist values. The function and value of conscience must come apart in this analysis, for it would be inconsistent to claim that conscience functions to get me to reconsider doing what it simultaneously encourages me to do. However, the value of conscience could lie in this after-effect of conscience (that is, in the urge to rethink what one values). These thoughts about the value of conscience are feminist and relational because they take as their starting point a relational subject living with a conscience in a society that oppresses her. I will use these thoughts to explain what is at stake when we deny the conscience of health care professionals.

Let me first elaborate on my view (the "alternate view") about conscience, starting with the function of conscience and then moving on to its value. My understanding of its function – that conscience encourages us to do what we think we morally ought to do – is relatively uncontroversial. It fits with ideas about conscience that appear in most, if not all, theories of conscience, including the dominant view – that conscience "influences (but rarely, if ever, completely controls) [one's] conduct" and that, at bottom, conscience is "a capacity ... to sense or immediately discern that what [one] has done, is doing, or is about to do (or not do) is wrong, bad, and worthy of disapproval."⁴⁴ This second idea tells us that the voice of conscience tends to be negative – normally it pipes up when we deserve blame, not praise. Thus, it encourages us to do what we think we morally ought to do by actively discouraging us from doing the opposite.

Elizabeth Kiss calls our conscience our "inner nag."⁴⁵ It nags us into doing what we think we ought to do but are somewhat averse to do. Although a conscience and a nag are not similar in all respects – a nag is often ineffective, while a conscience can be very effective (that is, in getting one to do what one thinks one morally ought to do)⁴⁶ – the two do have a lot in common. For example, a nag continually harasses us when we wish just to be left alone, and, similarly, our conscience pesters us when we try to ignore it and do what we please.⁴⁷ The voice comes unbidden, especially when we persist in doing or planning to do what we feel is morally wrong.⁴⁸ In this way, our conscience differs from our conscious moral judgment: we have more control over whether we make such judgments than we do over whether our conscience affects us. Like in the dominant view, in the alternate view, conscience and moral judgment are not identical. Unlike in the dominant view, however, in the alternate view, conscience and moral judgment can and should influence one another, as we will see.

To sum up, the function of conscience in the alternate view is to encourage us to take our moral values seriously. Consider that if conscience functions in this way, then many feminists will be skeptical of its value. The reason why is that for many people their "inner nag" is sexist, racist, or oppressive in other ways. As a result of being embedded in oppressive social relations, many of us are internally compelled to act in ways that are oppressive to others or to ourselves. We are motivated to exercise "agency" but not necessarily "autonomy," as Susan Sherwin would put it.⁴⁹ For example, many women feel internal pressure to participate in their own oppression by conforming to patriarchal norms of being a good woman or a good wife (one who makes her husband's dinner). Presumably, the capacity that women have to discern that they are not acting "properly" in these roles is conscience. Why, really, would feminists value such a capacity?⁵⁰

I actually think there are two reasons why feminists should value conscience: (1) the voice of it will not always be simply a voice of internalized

oppression, for sometimes it will reflect what the agent genuinely endorses or judges to be correct; and (2) even when conscience is a voice of oppression it can have a positive effect, as illustrated earlier with my example of making my husband's dinner.⁵¹ Conscience can alert us to the fact that we have internalized oppressive values that may be unconsciously influencing our behaviour. In my example of being a wife/cook, my conscience works on me through the threat of false guilt or false shame – that is, guilt or shame that does not reflect what I have endorsed or would endorse.⁵² The relevant values are in this sense alien to me, although they are not entirely alien to me for they find some expression in me. My conscience allows me to see just how much these values are a part of me, and it causes me to reflect on how I have been relating to my spouse because of them. Say that I have been making his dinner repeatedly but then want a break from it. Taking a break is not as easy as I thought it would be, however, because my conscience starts to nag me about preparing dinner. I say to myself: "But why should I feel guilty about not making dinner? Do I really believe that I ought to be making his dinner, because I'm his wife? Maybe deep down, I do accept that (which is troubling to say the least)? I should reject these attitudes and resist getting into patterns of 'wifely' behaviour, rather than allow them to develop." Notice the positive role that conscience plays in this story. By making me aware of values that influence my behaviour, negatively in my opinion, it helps me to take responsibility for myself and for how I am structuring my intimate relationships with others.⁵³ Thus, conscience can help us, especially those of us who are psychologically oppressed, to retool ourselves morally and to develop more authentic moral selves, ones informed by our own moral judgments.⁵⁴

Presumably, retooling myself morally will involve retooling my conscience so that I acquire a conscience that threatens me with genuine guilt or shame rather than with the false variety and with guilt or shame that does not reinforce my oppression. We retool our conscience when judgments about what we morally ought to value sink in, changing what we do value, which in turn changes what our conscience warns us about. Here, our moral judgment influences our conscience, but our conscience also influences our moral judgment because it gets the retooling process going.

While the alternate view of conscience emphasizes the importance of people reflecting on the judgments that inform their conscience, the dominant view says relatively little in this regard. Granted, the dominant view is not as extreme as some religious views that instruct us to tune in to our conscience and put our lives in conformity with it, without questioning what it says.⁵⁵ Advocates of the dominant view do accept that at times we might, or indeed should, scrutinize the demands of our conscience.⁵⁶ However, they do not associate the value of conscience with its ability to inspire attempts at taking responsibility for what we value.

The process of retooling our conscience to make it more authentic has important relational elements to it. We need social relations that give us a vision of the world that is a positive alternative to whatever vision we have internalized – that can create or confirm a suspicion in us that what we have learned is false.⁵⁷ For example, I learned that as a woman I ought to nurture men and children in the ways of a fairly traditional wife and mother. While I rebelled to some extent, I did not feel confident in my rebellion until I went to university and started taking courses in feminist philosophy. While this experience did not rid me of oppressive influences – when I met my spouse, I still wanted to nurture him as my mother did my father – it marked the beginning of my “moral makeover,” so to speak. The makeover continues with help from my spouse, who, like me, resists the “gendering of our relationship” (his phrase). If he did not take seriously my concerns about occasionally being a dupe to sexist influences from my upbringing, then I would probably not take these concerns as seriously as I do (especially while I am in a relationship with him). I would be less inclined to see the threat of false guilt from my conscience for what it is – a throwback to my childhood – and might think instead that the guilt is genuine because it reflects a personal belief that I ought to make dinner, because I like cooking more than my spouse does (which, if true, would probably be a throwback to the sexist upbringing that we both received). According to relational theory, our relations with others – especially intimate others – help to shape not only who we are but also who we are trying to become. We cannot retool ourselves, or aspects of ourselves such as our conscience, all by ourselves.

To recapitulate, according to the alternate view, the value of conscience lies in its ability to encourage us not simply to do what we think we morally ought to do but also to revise these thoughts when necessary and to reconstitute itself in the process so that it becomes the voice of what we genuinely (that is, authentically) value. This view about conscience is feminist and relational because it rests on a theory of selves as beings who are fully embedded within relationships, some of which are oppressive.

The question remains about why conscience has value insofar as it prompts us to do what we genuinely (but perhaps falsely) believe to be morally right? My answer is reminiscent of the dominant view: a conscience of this sort promotes our moral integrity, although integrity here is understood not as inner unity but, rather, as abiding by one's best judgment (in this case, moral judgment). Elsewhere, I have defended such a view of integrity, according to which integrity differs importantly from inner unity.⁵⁸ Honouring our best judgment will not necessarily promote our inner unity, for our best judgment about our situation may be that different values are at stake in it and that they cannot be reconciled with one another. In addition, the process of coming to decide what our best judgment is may cause us to question a

lot of what we have previously taken for granted, which will destabilize us at least initially more than it will unify us. Taking responsibility for our moral selves, which is what moral integrity requires, is not identical to preserving our inner moral unity.⁵⁹

Moral integrity – adhering to our best moral judgment – requires social support, but it is also good for society. Its value is social rather than merely personal. While there is arguably personal value in living an authentic moral life, there is social value in people taking their own best moral judgment seriously. Society needs this commitment from people so that genuine debates about moral right and wrong occur, which have value because they help to improve our moral understanding.⁶⁰ These ideas suggest that gaining moral knowledge is a social process,⁶¹ and integrity has social value – it involves being in the “proper relation” to others⁶² – because it contributes to this process. In my view about conscience, conscience has social value when it encourages people to act with integrity, which it does when it makes them feel genuine guilt or shame – that is, guilt or shame upon failing to respect their best moral judgment.

In accepting the alternate view, we recognize that not everyone's conscience has the same moral value. People who tune into their conscience and abide by it, even when its message is inconsistent with what they endorse or would endorse (for example, if they were free of psychological oppression), have a conscience with little value to it.⁶³ People who do not defer to the conscience that they simply find themselves with and who try to revise their moral commitments, but who do it poorly – without having good or even decent reasons for making the changes they make – will also have a conscience with little value to it. Among the latter, I count people who retool themselves so that their moral values become more oppressive than they were before (which is possible given the relational character of conscience and the noxious social environments that people can become immersed in later in life). I assume that when asked to give some rational explanation for these changes, these people will “invariably come up short.”⁶⁴ I would not want to say that their conscience is worthless, for simply having a conscience suggests that they care about doing what is morally right, as they perceive it, which is better than not caring at all (and being a psychopath). Still, their conscience is worth less than it would be if they had values that they could support. The moral judgments that influence their conscience would add little to social debate about the nature of right and wrong.

While more needs to be said about, and in favour of, the alternate view, hopefully it is clear that this view is preferable to the dominant view. It makes sense of intuitions about conscience that I assume many of us share but that the dominant view cannot explain – the fact that the conscience of the subjugated nurse from the first part of this chapter has little value (for

the values that inform her conscience are oppressive to her), that the conscience of someone who is completely unreflective morally – who does not do the work that autonomous judgment demands⁶⁵ – has little value, that acting with a conscience can have value even when it does not unify us (for the value might be purely social, which could be the case with the woman who resists workplace harassment),⁶⁶ and so on. The conception of conscience that informs the discussion about conscience in bioethics should cohere with these intuitions.

The alternate view may be preferable in many respects to the dominant view, but does it provide us with a reasonable answer to the question that began this chapter: why do or ought we to care whether health care professionals have a conscience? The answer it gives us is this: minimally, we value health care professionals having a conscience because we want them to care about morality. We fear a health care professional who lacks a conscience because we believe not that he has no drive toward inner unity (which he may well have) but, rather, that he cares not a whit about being morally responsible. Some health care professionals will care more about being morally responsible than others and will work to retool their conscience when it does not reflect the best moral judgments that they can make. The dynamic conscience of such a professional is worth more than the conscience of a professional who does little work on her conscience, which will then be a stagnant reminder of whatever values she has internalized. This mental work, or lack thereof, should be evident, moreover, from the professional's responses to questions about why he has the conscience that he does or why he needs to refuse conscientiously to provide a certain service. A professional whose conscience is informed by his autonomous judgment should be able to give a decent answer to this question (that is, an answer other than "I simply believe that this is the case").⁶⁷

The alternate view also suggests that it is important for health care professionals to have a conscience that is authentic and promotes their integrity (as I have understood integrity) so that their moral views can influence ethical debates about health care. Their conscience should prompt them to participate when the debates go in directions that they find morally problematic. Moreover, they should have contributions to make that are at least somewhat worthwhile, insofar as their conscience is authentic. This last point speaks in favour of health care professionals receiving some conscience protection, particularly in the context of professional meetings where policy decisions get made. Members who want to express their conscientious opposition to the status quo at these meetings should have every opportunity to do so and should not suffer harm from doing so.

There are lessons to be drawn from this chapter about how, not why, to value conscience in health care. For example, genuine protection for conscience in health care will require that the culture of health care institutions

not be hostile toward individual conscience, especially the conscience of health care professionals who have minority views, who are members of marginalized social groups, or who are powerless relative to doctors or administrators. Surely, if there is to be conscience protection in the health care professions, then it ought to exist for all health care professionals.⁶⁸

To conclude, I have argued that conscience has value in health care and that its value ought to be understood using the alternate view, rather than the dominant view. The former insists that the value of conscience comes in degrees and is to some extent determined by the social relations in which the health care professional is embedded. These relations will affect not only whether the professional's conscience garners respect but also what the content of her conscience is and how motivated she is to retool her conscience so that the guilt or shame with which it threatens her is genuine. Most feminists would agree that conscience has little value when it is simply the voice of internalized moral values that are inauthentic. However, conscience need not be this voice. Instead, it could be the voice that gives the agent integrity (again, as I have understood integrity).

This chapter began with reflections on conscientious refusals in health care and, in the end, demonstrated that a moral analysis of these refusals ought to include an exploration into why and when acting with a conscience is valuable. Conscientious refusals in health care are ethically complex. The value of conscience is but one of a number of ethical issues that these actions force us to confront. Starting with this concern about value is appropriate, however, because our conclusions about it could allow us to say that some consciences are not really worth protecting, which would save us the fuss of deciding how to protect them.

Notes

This chapter benefited a lot from a discussion with members of the Relational Theory and Health Law and Policy group. Thanks to Jocelyn Downie and Jennifer Llewellyn for assembling this wonderful team together. I presented versions of this chapter not only to their group but also to audiences at various conferences and lectures. Audience members at the talk I gave for the Program on Values and Society at the University of Washington were particularly helpful. Thanks to the organizer of that event, Sara Goering. Thanks also to Jeremy Bendik-Keymer for sharing his wisdom early on in the writing process. His help was invaluable to me.

1 For example, Jocelyn Downie claims, rightly I think, that the private member's bill in Canada (Bill C-357, *An Act to Amend the Criminal Code (Protection of Conscience Rights in the Health Care Profession)*, 2nd Sess., 39th Parl., 2008 (first reading in the House of Commons, 16 April 2008)) overvalues conscience for people who are anti-abortion. See Jocelyn Downie, "Resistance Is Essential: Relational Responses to Recent Law and Policy Initiatives Involving Reproduction" in this volume.

2 Patients who face conscientious refusals might disagree, however. They might wish that their health care professionals were motivated less by conscience than they actually are or had different consciences altogether. However, these cases do not belie the fact that patients want health care professionals with a conscience – to some degree or of some sort or other – because the alternative is truly frightening.

- 3 See Carolyn McLeod, "Harm or Mere Inconvenience? Denying Women Emergency Contraception" (2010) 25:1 Hypatia 11. These refusals are not necessarily harmful to patients. Consider a reproductive endocrinologist from my community who refused to consent to an oocyte-vending program at his clinic, threatening to quit if the program got started. Arguably, on balance, his refusal benefited women in our community. See Françoise Baylis and Carolyn McLeod, "The Stem Cell Debate Continues: The Buying and Selling of Eggs for Research" (2007) 33:121. *Med. Ethics* 726, about possible harms to women from oocyte vending.
- 4 The advocates include Martin Benjamin, Jeffrey Blustein, James Childress, and Mark Wicclair. See Martin Benjamin, "Conscience" in Warren T. Reich, ed., *Encyclopedia of Bioethics*, volume 1, 2nd edition (New York: Macmillan, 1995) at 469; Jeffrey Blustein, "Doing What the Patient Orders: Maintaining Integrity in the Doctor-Patient Relationship" (1993) 7 *Bioethics* 289; James Childress, "Appeals to Conscience" (1979) 89 *Ethics* 315; James Childress, "Conscience and Conscientious Actions in the Context of MCOS" (1997) 7 *Kennedy Institute of Ethics Journal* 403; Mark Wicclair, "Pharmacies, Pharmacists, and Conscientious Objection" (2006) 16:3 *Kennedy Institute of Ethics Journal* 225; Mark Wicclair, "Conscientious Objection in Medicine" (2000) 14 *Bioethics* 205.
- 5 See Catriona Mackenzie and Natalie Stoljar, "Introduction: Autonomy Refigured" in Catriona Mackenzie and Natalie Stoljar, eds., *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self* (New York: Oxford University Press, 2000).
- 6 See Carolyn McLeod, "Referral in the Wake of Conscientious Objection to Abortion" (2008) 23:4 *Hypatia* 30.
- 7 Among the bioethicists are Robert F. Card, "Conscientious Objection and Emergency Contraception" (2007) 7:6 *Am. J. Bioethics* 8; Wicclair, *supra* note 4; Elizabeth Fenton and Loren Lomasky, "Dispensing with Liberty: Conscientious Refusal and the 'Morning-After Pill'" (2005) 30:1 *Med. & Phil.* 579; Julie Cantor and Ken Baum, "The Limits of Conscientious Objection: May Pharmacists Refuse to Fill Prescriptions for Emergency Contraception?" (2004) 35:19 *New Eng. J. Med.* 2008.
- 8 See Jeremy Llanza, "Abortion Crisis as Doctors Refuse to Perform Surgery," *The Independent* (16 April 2007); Louis-Jacques van Bogaert, "The Limits of Conscientious Objection to Abortion in the Developing World" (2002) 2:2 *Developing World of Bioethics* 131; Leslie Cannold, "Consequence for Patients of Health Care Professionals' Conscientious Actions: The Ban on Abortions in South Australia" (1994) 20 *J. Med. Ethics* 80; Jocelyn Downie and Carla Nassar, "Barriers to Access to Abortion through a Legal Lens" (2008) 15 *Health L.J.* 143.
- 9 Many feminists have challenged this way of understanding integrity. See, for example, Victoria Davion, "Integrity and Radical Change" in Claudia Card, ed., *Feminist Ethics (Lawrence, KA: University of Kansas Press, 1991)*; Margaret Urban Walker, *Moral Understandings: A Feminist Study in Ethics* (New York: Routledge, 1998); Cheshire Calhoun, "Standing for Something" (1995) 92 *J. Phil.* 235. I do not do so here in any detail since my purpose is to understand conscience not integrity. However, see Carolyn McLeod, "Integrity and Self-Protection" (2004) 35:2 *J. Soc. Phil.* 216; Carolyn McLeod, "How to Distinguish Autonomy from Integrity" (2005) 35:1 *Can. J. Phil.* 107.
- 10 A conscience can operate prospectively – warning us of inner disunity if we behave badly – or retrospectively – highlighting the inner disunity we suffer after having behaved badly.
- 11 The dominant view says, of course, that we must heed our conscience if we are to have inner unity – that the conscience that promotes inner unity is a good conscience. However, the view also implies that most of us will heed our conscience most of the time because it will threaten us with disunity so severe that we will be unable to get on with our lives. For this reason and for brevity's sake, I sometimes refer to what promotes inner unity on the dominant view as simply "conscience" or "having a conscience."
- 12 The same is true for a person with relational autonomy. See Susan Sherwin, "Relational Autonomy and Global Threats" in this volume, although she suspects or hopes that among this person's deep subjective commitments will be a commitment to help eliminate global threats, such as climate change.
- 13 See Calhoun, *supra* note 9 at 252.

- 14 Other reasons concern how well the dominant view coheres with three aspects of conscience. First, a good conscience is "quiet," "clean," and "easy" while a bad one is "troubled" or "uneasy." Childress, "Appeals to Conscience," *supra* note 4 at 318; James Childress, "Exploring Claims to Conscience" (presentation delivered at the Should Conscience Be Your Guide? Exploring Conscience-based Refusals in Health Care Conference, 20 June 2006) [unpublished]. When we have a good conscience, we are at peace; we are right with ourselves. In other words, we feel whole. Second, conscience imposes sanctions on our own behaviour and not on the behaviour of others. It makes no sense to claim: "My conscience says ... you ought to do this or ought not to have done that." Gilbert Ryle, "Conscience and Moral Convictions" (1940) 7 *Analysis* 31 at 31, cited in Benjamin, *supra* note 4 at 470. The focus on what "I" do, or do not do, suggests a concern for me – for my self, and perhaps for my integrity – rather than simply a concern for what is morally right. Last, the voice of conscience is often negative. It usually tells us what we ought not to do as opposed to what we ought to do. This description fits with the dominant view that the voice of conscience threatens us (that is, with disunity).
- 15 See Childress, "Appeals to Conscience," *supra* note 4 at 404; Benjamin, *supra* note 4 at 470.
- 16 Blustein, *supra* note 4 at 294.
- 17 And for similar reasons, it has been dominant in modern thinking about conscience. See Jeremy Bendik-Keymer, *Conscience and Humanity* (Ph.D. dissertation, Department of Philosophy, University of Chicago, 2002) [unpublished].
- 18 See Blustein, *supra* note 4; Benjamin, *supra* note 4 at 470.
- 19 Blustein, *supra* note 4 at 297.
- 20 *Ibid.*
- 21 *Ibid.*
- 22 The idea of a serviceable amount of unity comes from Margaret Walker. While discussing integrity, she writes that "more coherence, consistency, or continuity is not necessarily better ... We need only so much as will serve." Walker, *supra* note 9 at 115.
- 23 Among advocates of the dominant view, Martin Benjamin is the only one who qualifies a statement about how much inner unity a conscience promotes. He says that having a conscience allows us to be "reasonably unified or integrated." Benjamin, *supra* note 4 at 470 (emphasis added). However, he does not explain what he means by "reasonable." Is perfect unity reasonable? Is reasonable here a synonym for optimal?
- 24 They are missing, in fact, from most accounts of moral agency in moral philosophy or in philosophical moral psychology. See Sandra Lee Bartky, "On Psychological Oppression" in Sandra Lee Bartky, *Femininity and Domination: Studies in the Phenomenology of Oppression* (New York: Routledge, 1990) 22 at 95-96.
- 25 Blustein, *supra* note 4; see also Benjamin, *supra* note 4 at 470.
- 26 Benjamin, *supra* note 4 (emphasis added).
- 27 See Marilyn Frye, *The Politics of Reality: Essays in Feminist Theory* (Freedom, CA: Crossing Press, 1983).
- 28 Aurora Levins Morales, *Medicine Stories: History, Culture and the Politics of Integrity* (Cambridge, MA: South End Press, 1998) at 20.
- 29 See Bartky, *supra* note 24.
- 30 Martin Benjamin and Joy Curtis, *Ethics in Nursing*, 3rd edition (New York: Oxford University Press, 1992) at 22.
- 31 For example, we would hardly say of someone who is optimally unified around an abusive and racist character that his life was good, morally or otherwise. Thanks to an anonymous reviewer for alerting me to this objection.
- 32 I am not sure that advocates of the dominant view could stomach this conclusion, which implies that having a conscience could be worthless. Like many of us, they would probably say that the statement, "she has a conscience," does rather than could connote moral praise. They would probably also accept that someone without a conscience is frightening, which implies that having a conscience is always worth something.
- 33 This scenario is consistent with the feminist claim that some women need to undergo radical change in order to free themselves of psychological oppression. See Davion, *supra*

- note 9. The scenario simply suggests that the change cannot happen so quickly or in such a way that it undermines women's agency.
- 34 And here is a third reason: our conscience can cajole us to honour commitments that are simply not deep enough to shake us to our moral core. I disagree with the dominant view that our conscience encourages us to adhere only to moral commitments that are deep (that is, identity conferring). To illustrate, my conscience could warn me that I will feel guilty if I tell a white lie, even though the relevant moral commitment ("Don't tell white lies") does not inform my moral identity.
- 35 See Daniel Gilbert, *Stumbling on Happiness* (New York: Knopf, 2006) at c. 8.
- 36 No one (that is, who is psychologically healthy) wants their life to go badly or to believe that is the case, which is at least partly why people tend to adapt quickly to negative changes in their environment (*ibid.* at 162).
- 37 Childress, "Appeals to Conscience," *supra* note 4 at 324.
- 38 Gilbert, *supra* note 35 at 168.
- 39 Paul Benson, "Feeling Crazy: Self-Worth and the Social Character of Responsibility" in Cathiona Mackenzie and Natalie Stoljar, eds., *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self* (Oxford: Oxford University Press, 2000) 72 at 72.
- 40 Thanks to Sara Goering for raising this important objection.
- 41 This is what happened to Lois Jensen, who launched the first sexual harassment case in the United States (*Jensen v. Eveleth Taconite Co.*, 139 F.R.D. 657 (D. Minn. 1991)). The film *North Country* (Beverly Hills, CA: Warner Home Video, 2006) is based on her story. Jensen won her case and so was redeemed in the end. Nonetheless, there must be cases such as hers of sexual harassment that do not turn out so well and in which women's lives are ruined because of how others reacted to their complaints.
- 42 See Françoise Baylis, "The Self in Situ: A Relational Account of Personal Identity" in this volume.
- 43 This theme of people who listen to their conscience but then seriously regret it is common among whistleblowers. C. Fred Alford explains that many whistleblowers wish they had never taken the stand they did because it cost them too much and had no effect on the organization they worked for. C. Fred Alford, *Whistleblowers: Broken Lives and Organizational Power* (Ithaca, NY: Cornell University Press, 2001) at 34. Many of his examples involve people who were not marginalized until they became whistleblowers. For a recent discussion of "[w]hat happens when whistleblowers are also members of an oppressed group," see Peggy Desautels, "Resisting Organizational Power" in Lisa Tesman, ed., *Feminist Ethics and Social and Political Philosophy: Theorizing the Non-Ideal* (Dordrecht: Springer, 2009) 224.
- 44 Thomas E. Hill, Jr., "Four Conceptions of Conscience" in Ian Shapiro and Robert Adams, eds., *Integrity and Conscience*, volume 40 (New York: New York University Press, 1998) 13 at 14.
- 45 Elizabeth Kiss, "Conscience and Moral Psychology: Reflections on Thomas Hill's 'Four Conceptions of Conscience'" in Shapiro and Adams, *supra* note 44, 69.
- 46 This point comes from Jennifer Nedelsky (group discussion).
- 47 Unlike in the dominant view, conscience in the alternate view rarely threatens us with complete psychic dissolution. A nag is not so menacing. Our conscience lacks this quality in general because often it encourages us to adhere to moral commitments that are not deep. See note 34 in this chapter.
- 48 Hill, *supra* note 44.
- 49 See Sherwin, *supra* note 12.
- 50 Like the dominant view, the alternate view assumes that the norms that guide our conscience can be unjust. Our conscience is not the voice of moral truth, as it is according to a popular religious conception of conscience. For we have no good reason to believe that all of us have a capacity within us to discern that what we have done, or are about to do, is *in fact* morally wrong.
- 51 With respect to judgment, which is mentioned in the first point, see Jennifer Nedelsky, "The Reciprocal Relation of Judgment and Autonomy: Walking in Another's Shoes and Which Shoes to Walk In" in this volume.
- 52 See Gabrielle Taylor, *Pride, Shame, and Guilt: Emotions of Self-Assessment* (New York: Oxford University Press, 1987).

- 53 See Claudia Card, *The Unnatural Lottery: Character and Moral Luck* (Philadelphia: Temple University Press, 1996).
- 54 The phrase "retrofit ourselves morally" comes from Sheila Wildeman (group discussion).
- 55 This point comes from Jennifer Nedelsky (group discussion).
- 56 Childress says that we need to do so when we experience a "crisis of conscience" – that is, when our conscience gives us multiple demands that conflict. Childress, "Appeals to Conscience," *supra* note 4 at 320. Blustein says that we could, although need not necessarily, do so after having violated a conscience that gave us one clear demand. We might reconsider the adequacy of the demand in light of what motivated us to ignore it ("sympathies, longings, fears, anxieties, etc." (at 296)).
- 57 In other words, we need to become immersed in a new and supportive "judging community." See Nedelsky, *supra* note 51.
- 58 See McLeod, "Integrity and Self-Protection," *supra* note 9; McLeod, "How to Distinguish," *supra* note 9.
- 59 Recall that Blustein argues that inner unity is valuable because it reveals a desire on the part of moral agents to take themselves seriously as moral agents. One lacks this desire if one thinks little of acting against one's moral principles or of having inconsistent principles. However, I question whether having inner unity is the same as having the earlier desire. One could achieve inner unity (of an optimal sort) by adhering to whatever moral commitments one happens to hold so long as they are consistent. But someone who takes himself seriously as a moral agent would be critical of moral commitments he just happens to hold. See McLeod, "How to Distinguish," *supra* note 9 at 126; see also Calhoun, *supra* note 9; John Stuart Mill, *On Liberty and Other Writings*, edited by Stefan Collini (Cambridge: Cambridge University Press, 1989).
- 60 See Calhoun, *supra* note 9; Walker, *supra* note 9.
- 61 Calhoun, *supra* note 9 at 252.
- 62 Some people who behave this way will be like Harry Frankfurt's "wanton" in not caring what desires or values move them to act. Harry Frankfurt, "Freedom of the Will and the Concept of a Person" in Harry Frankfurt, *The Importance of What We Care About* (Cambridge: Cambridge University Press, 1988) 11.
- 64 McLeod, "Integrity and Self-Protection," *supra* note 9 at 228; see also Adrian Piper, "Higher-Order Discrimination" in Owen Flanagan and Amélie Oksenberg Rorty, eds., *Identity, Character, and Morality: Essays in Moral Psychology* (Cambridge, MA: MIT Press, 1990) 285; Kwame Anthony Appiah, "Racisms" in D.T. Goldberg, ed., *Anatomy of Racism* (Minneapolis: University of Minnesota Press, 1990) 3.
- 65 See Nedelsky, *supra* note 51.
- 66 It might not be the case for her, however. As Nedelsky pointed out to me, this woman might come to value what she did after becoming immersed in a relational context that acknowledges sexual harassment to be a crime.
- 67 This point speaks in favour of having conscientious objectors in health care explain their objections to their employers or professional organizations rather than allowing them to object without explanation. Some conscience clauses in the United States include such a condition (see Brian A. Dykes, "Proposed Rights of Conscience Legislation: Expanding to Include Pharmacists and Other Health Care Providers" (2001-2) 36 Ga. L. Rev. 565), which is something that Jocelyn Downie, *supra* note 1, would applaud. A conscience clause is a statute or regulation that protects the ability of health care professionals to decline to participate in health services that violate their conscience. See Lynn D. Wardle, "Protecting the Rights of Conscience of Health Care Providers" (1993) 142 J. Legal Med. 177 at 178. Downie recommends that Canadian health care professionals who make appeals to conscience be required to show that they are genuine, which I think involves them saying why they hold the relevant values (and, to be clear, does not involve them proving that these values are correct).
- 68 Of course, there ought to be protection for patient conscience as well, which not all creators of conscience clauses recognize. See Downie, *supra* note 1.