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HOT NEWS

Medical resistance or complicity?

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From abortion and euthanasia to the use of artificial intelligence in clinical decision-making, participation in controversial research protocols, the allocation of scarce healthcare resources, economic pressures in hospital settings, the prescription of emergency contraception, etc., contemporary medical practice presents numerous situations in which physicians' professional expertise may be instrumentalized in the service of legal, institutional, or administrative mandates that conflict with their deepest moral convictions. Such tensions raise a fundamental question: do physicians have a right to object to laws or policies they regard as unjust, or might they, in certain circumstances, have a moral obligation to do so?

Reasonable and conscientious individuals may disagree about the ethical status of many of these issues, and healthcare professionals themselves often hold divergent but sincerely held moral beliefs. Nevertheless, the central question remains whether physicians have not only the right but sometimes even the moral duty to resist laws, regulations, or institutional requirements that they conscientiously judge to be unjust.

This timely and important issue has recently been revisited by the American bioethicist Matthew Wynia, who explores the ethical responsibilities of physicians when professional obligations appear to conflict with conscience and moral integrity (*Wynia M. N Engl J Med 2026*).

Ethics precedes legislation

The purpose of civil authority and positive law is to promote social order and facilitate peaceful coexistence among citizens. In democratic societies, legislators derive their authority from the electorate; nevertheless, when enacted laws fail to respect the moral convictions of a significant segment of the population, citizens retain the right to express disagreement. As Wynia reminds us, responses to such situations may take different forms, including cooperation, silence, conscientious resistance, public opposition, or denunciation.

Yet ethics precedes legislation. The human capacity to distinguish good from evil, to recognize justice, and to seek truth is grounded in reason and moral conscience. According to the natural law tradition, these moral insights are rooted in human nature itself and provide a normative standard against which the legitimacy of positive law may be evaluated. This perspective has been defended by thinkers as diverse as Martin Luther King Jr., in his Letter from Birmingham Jail (1963), and Pope John Paul II in Veritatis Splendor (1993), both of whom argued that respect for conscience may sometimes require resistance to unjust laws.

The question itself is not new. It occupied a central place in classical Greek philosophy, where the relationship between conscience, justice, and political authority received profound reflection. Socrates famously accepted an unjust death sentence rather than undermine the legal order of Athens, yet throughout his life he maintained that one must never commit an injustice, even when commanded by civil authority. Plato held that laws derive their legitimacy from their conformity to justice and the common good, not from political power alone. Aristotle further distinguished between legal

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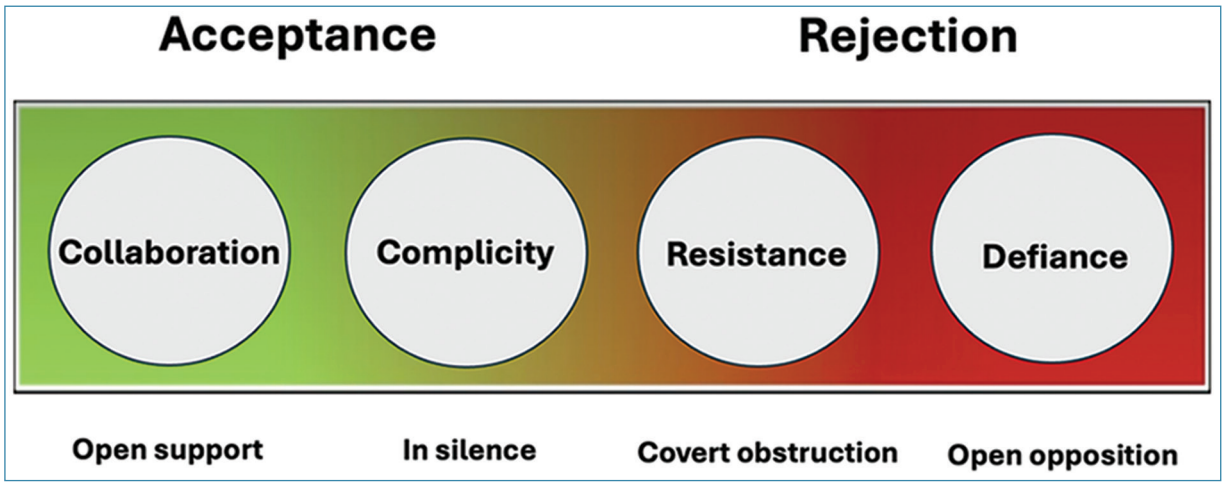

Figure 1. The spectrum of medical responses to unfair laws that violate professional ethics *(adapted from Wynia M)*.

justice and natural justice, arguing that positive law must ultimately be measured against universal moral principles. Together, the Greek philosophers established a tension that remains relevant today: respect for the law is essential to social order, but political authority is not the ultimate source of moral legitimacy.

Can laws be enacted that contradict medical ethics?

History provides a clear and sobering answer: they can. One of the most striking examples is the Nazi eugenics/euthanasia program known as *Aktion T4*, launched in 1939 to systematically kill individuals with severe disabilities and mental illnesses. Physicians played a central role in identifying, selecting, and certifying victims for transfer to killing centers. Although the program was publicly justified in terms of public health, social utility, and so-called racial hygiene, such practices represented a profound corruption of the healing mission of medicine. The ethical question confronting physicians was whether participation could be justified on the grounds of legal compliance, obedience to authority, or service to the collective good.

The aftermath of the Second World War demonstrated that legality alone is insufficient to establish moral legitimacy. The Nuremberg Trials and the ethical principles that emerged from them affirmed several ideas that remain foundational today. First, physicians ultimately answer to conscience, since legal authorization does not guarantee moral legitimacy. Second, responsibility for medical actions is individual and cannot be transferred to institutions or governments. Third, professional resistance to unethical practices may not only be a right but, in certain circumstances, a duty. These principles raise an enduring question: to what extent is a physician obliged to comply with a law or regulation when the state requires actions that undermine the dignity, rights, or welfare of patients? *(Geiderman J. Acad Emerg Med 2002)*.

Importantly, medical professionals did not respond uniformly to Nazi policies. Some complied, whereas others demonstrated remarkable moral courage. Among the latter was Hans Scholl, a medical student and co-founder of the White Rose (Weiße Rose) resistance movement. Through the distribution of pamphlets, the group denounced the crimes and moral corruption of the Nazi regime. Scholl was arrested and executed in 1943. His example illustrates that fidelity to conscience may entail profound personal sacrifice, but it also demonstrates that professional integrity sometimes requires opposition to legally sanctioned injustice (*Spevick J. Virtual Mentor 2002*).

Medical actions in the face of unjust laws

In the article recorded above (*Wynia M. N Engl J Med 2026*), it is argued that when a doctor considers a regulation unfair, he should not comply. The spectrum of actions comprises a gradient with four responses: (1) collaboration (with public assent); (2) complicity (in silence); (3) resistance (obstructing as much as possible); and (4) defiance (confrontation) (Fig. 1).

To address the dilemma of whether physicians should comply with laws they regard as unjust, Wynia identifies three relevant considerations. First, whose interests are being served: one's own or those of others?

Ethical resistance appears especially praiseworthy when it is undertaken to protect vulnerable patients rather than to secure personal advantage. Second, what risks and benefits are at stake? Not all conflicts between conscience and law carry the same moral weight, making it necessary to distinguish between trivial and fundamental interests. Third, is the action confined to the private sphere or carried out publicly? Public resistance may have broader consequences for institutions, colleagues, and society.

Although this framework offers useful guidance, it remains largely situated within a consequentialist perspective. Such an approach tends to evaluate actions primarily according to their outcomes and may overlook other dimensions of moral reasoning. Actions become assessed chiefly according to their expected consequences, reducing complex ethical realities to calculations involving benefit and harm, effectiveness and inefficiency, or public and private impact. Yet many philosophical and religious traditions maintain that some actions possess a moral significance that cannot be fully captured by an analysis of consequences alone.

Although Wynia's arguments to defend medical resistance to unjust laws are important, at least four additional considerations deserve attention.

First, the possibility that certain actions are intrinsically incompatible with medical ethics is not adequately explored. If some acts are inherently contrary to the moral ends of medicine, their performance cannot be justified by appealing to beneficial outcomes, patient preference, social utility, or legal authorization. Many authors have therefore argued that physician-assisted suicide cannot properly be regarded as a medical act because it contradicts the principle of beneficence and the physician's commitment to protect and care for life. More broadly, deliberately harming a patient, exploiting vulnerability, or abusing professional power can never be justified by reference to a supposedly greater good. Some actions remain incompatible with the ethical commitments that define medicine as a profession.

At the same time, legitimate goals of medicine can and should be pursued through means that respect human dignity, professional integrity, and the moral traditions of clinical practice. Relieving suffering, accompanying patients through serious illness, and providing compassionate end-of-life care do not necessarily require actions that contradict a physician's ethical convictions. Effective symptom control, palliative care, including palliative sedation when clinically indicated, psychological support, and compassionate accompaniment provide ethically coherent ways of responding to suffering while remaining faithful to the healing and caring vocation of medicine *(Jamil U and Pearce J. Linacre Q 2026)*.

Second, conscientious objection deserves recognition as a distinct alternative to civil disobedience. The two concepts should not be confused. Civil disobedience generally involves the deliberate violation of a law in order to challenge it publicly, whereas conscientious objection consists in refusing personal participation in a specific act because compliance would violate deeply held moral convictions. Properly understood, conscientious objection is not an act of insubordination but a claim of moral integrity and freedom of conscience *(Soriano V and Montero B. Linacre Q 2024)*.

Third, physicians may legitimately question whether a requested intervention belongs to the proper scope of medicine at all. One form of resistance to an ethically problematic regulation consists not merely in refusing compliance but in disputing the characterization of the intervention as genuine medical care. Thus, some authors have argued that hormonal and surgical interventions for adolescents with gender dysphoria should not be considered first-line treatments given ongoing concerns regarding uncertain long-term outcomes and the possibility of irreversible effects *(Brierley et al., Front Pediatr 2024)*. From this perspective, physicians may reasonably maintain that professional integrity requires adherence to robust scientific standards before endorsing such interventions.

Finally, insufficient attention is paid to situations in which physicians may have a positive moral duty to oppose injustice. Professional responsibility is not exhausted by refraining from participation in actions judged to be unethical. In certain circumstances, fidelity to the profession may require active resistance, public witness, or efforts to prevent harm to vulnerable patients, even when such actions involve personal, professional, or legal costs.

Ultimately, medicine is defined not only by the goals it seeks to achieve but also by the ethical boundaries that govern how those goals are pursued. Not everything that is technically feasible, legally authorized, socially accepted, or requested by a patient is necessarily compatible with good medical practice. The physician's responsibility is therefore not simply to ask whether an action can be performed but whether it ought to be performed in light of the moral commitments that have historically defined the healing professions. When law and conscience come into conflict, the challenge for physicians is not merely to choose between obedience and disobedience but to discern how best to remain faithful to both the dignity of the patient and the integrity of medicine itself.