

Freedom of conscience, medical practitioners and abortion in South Africa

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Abstract

While the South African Constitution, along with most modern standards of human rights, recognises the right to freedom of conscience, there is in reality a concern that medical practitioners in South Africa who strongly believe in the sanctity of the unborn, might be pressurised to act against their beliefs (the same probably applies in many other societies perceived as being democratic and pluralist). Consequently, this article argues for the protection of the medical practitioner's right to conscientious objection to participating in abortions. In this regard, special emphasis is placed on the complexity and gravity of views on the nature of the unborn. This argument, together with some critical thought on the place and nature of religion in a pluralist and democratic society, serves as a strong motivation for the accommodation of those medical practitioners who strongly believe in the unborn as being human (or at least as something worthy of protection).

Keywords Freedom of religion, religious rights, conscientious objection, reasonable accommodation, medical ethics, abortion.

1. Introduction

While the South African constitution, along with most modern standards of human rights recognises the right to freedom of conscience, there is in reality a concern that, in South African hospitals, medical practitioners with a strong conscientious objection to participating² in abortions might be pressurised to act against their beliefs; which in turn may cause much psychological trauma for

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² "Participate" means, directly participating in, or performing an abortion. Included is also the removal of the unborn from the pregnant woman's womb after inducement of the abortion procedure. Conscientious objection to any indirect or remote involvement in abortions does not form part of this investigation. In this article, "unborn" refers to the "entity" formed at fertilisation and continuing until birth, while "fertilisation" refers to the union of ovum and sperm.

the medical practitioner.³ While none of the clauses in international legal instruments or state constitutions dealing with religion, belief and/or conscience refer explicitly to abortion, there are a number of such clauses within various national statutes and constitutions.⁴

On 25 February 2009, Dr Stephanus de Wet Oosthuizen was dismissed from a position he had held for eight years at a hospital in South Africa due to, among other things, his objection to participating in abortions. On appeal, the presiding officer of the Public Health and Social Development Sectoral Bargaining Council found that Dr Oosthuizen was not guilty on any of the charges. Dr Oosthuizen believes that the human zygote created by the formation of the egg and the sperm is an autonomous being, and for him (and many other medical practitioners) that implies certain legal rights and human dignities.

Consequently, this article critically explores the extent to which the right to conscientious objection to participation in abortions should be exercised so as to give maximum effect to such an important right. More specifically and firstly, the unique and complex nature of views pertaining to the unborn is emphasised, together with the importance of the right to exercise freely one's conscience and belief. This has implications regarding the balancing of rights in relation to one another, as well as questions related to the principle of reasonable accommodation. Secondly, this investigation seeks to present important insights as to the relationship between conscientious objection to participating in abortion practices and the exercising of religious rights in the public sphere. In this regard, a more nuanced approach towards the interplay between the private and public sphere in a pluralist and democratic society is argued for so as to accommodate and tolerate those medical practitioners who strongly oppose participating in abortions. It needs to be noted from the outset that this article is not about proving that the unborn is human and therefore worthy of protection. Rather, it is about protecting the medical practitioner's rational and sincere belief that the unborn is a human being (or something of substantial importance) and which consequently requires protection.

2. The right to conscientious objection and the unborn

2.1 The nature of the unborn and the gravity of abortion

The right to freedom of conscience is generally accepted as an important right. According to the South African Constitutional Court: "South Africa is an open and

³ Section 15 of the South African Constitution is not the only provision in the said Constitution that is applicable to conscientious objection. Section 9 (the equality clause), for example, provides for protection against unfair discrimination, *inter alia*, on religious and other analogous grounds (Ngwenya 2003:9).

⁴ See for example, the British *Abortion Act* (of 1967), section 4(1).

democratic state that ... accepts the intensely personal nature of individual conscience and affirms the intrinsically voluntary and non-coerced character of belief ... and does not impose orthodoxies of thought or require conformity of conduct in terms of any particular world-view ...”⁵. However, different factual situations giving rise to the relevance of the right to conscientious objection provide different levels of significance regarding the protection of the conscience, some carrying more weight than others. It is argued that conscientious objection to participating in abortions resides on the more substantive side of the protection of the conscience (and of belief) as a fundamental right. This is explained as follows: The very fact that there are divergent views on the nature of the unborn and the fact that arguments supporting an understanding of the unborn as human can be most credible and rational, lead us to an increased sense of significance of the belief by many that the unborn is a live human being.

It has long been understood that there are diverse views and heated debates on the nature of the unborn, yet this requires some emphasis in the context of conscientious objection to the performing of abortions. Diverse views on the status of the unborn (which result in complexities pertaining to consensus and understanding regarding the legal status of the unborn) are confirmed by the fact that even pertaining to international human rights instruments, one finds on the one hand, a vague understanding of the legal status of the unborn⁶, whilst on the other hand, one finds that some instruments clearly support the protection of the unborn.⁷ Courts have also inferred that the investigation as to the nature of the unborn is highly complex, so complex that not even the judiciary deems it appropriate to make a decision thereon.⁸

In the South African Constitutional Court’s judgment of *Prince v President, Cape Law Society, and Others*,⁹ it was stated as per Justice Ngobo that: “The beliefs that believers hold sacred and thus central to their religious faith may strike non-believers as bizarre, illogical or irrational. Human beings may freely believe in what they cannot prove”.¹⁰ However, all of us are believers, some being religious believers and others not being religious believers, and it is not only the belief of the religious that may be perceived as being “bizarre, illogical and irrational”, but also the belief of the non-religious that may be viewed as being “bizarre, illogical and irrational”

⁵ *S v Lawrence, S v Negali, S v Solberg*, 1997(4) SA 1176 (CC), paragraph 148, pages 1225-1226.

⁶ Which can, in fact, be indicative of the sensitivity towards an absolute negation of the protection of the unborn.

⁷ For a general overview on international law’s views on the status of the unborn see De Freitas and Myburgh (to be published in the *Potchefstroom Electronic Law Journal* during the latter half of 2011).

⁸ The original suggestion in this regard emanated from the 1973 United States Supreme Court decision of *Roe v. Wade* [410 U. S. 113 (1973)].

⁹ 2002 (2) SA 794 (CC).

¹⁰ Paragraph 42, page 184 (author’s emphasis).

by those who are religious believers. This is especially true regarding views on the nature of the unborn. Those religious believers who view the unborn as human, find the views of, for example, non-religious believers who support abortion as being “bizarre, illogical and irrational”.

Scholarship for the South African context,¹¹ which acknowledges the importance of conscientious objection to participating in abortions, whilst strongly supporting the reproductive rights of women where the “health of the woman”¹² is threatened, has yet to convince “those who believe in the sanctity of the unborn” as to why the unborn, during all phases of pregnancy, is not human and therefore does not require protection. This in turn results in a weak argument in justifying the interference of the belief that the unborn is human (as believed in by the medical practitioner), for such a belief is (also) based upon meaningful as well as coherently and consistently applied argumentation. Also, to have a clear-cut distinction between religion (or belief) and reason is impossible regarding the question of whether the unborn is human or not (and this is applicable to all parties saying their say on the nature of the unborn). This causes belief to be inextricably connected to all perspectives on the unborn, and in the process, all perspectives view their beliefs on the status of the unborn as true. It is also the medical practitioner who conscientiously objects to participating in abortions who represents an inseparable marriage between religion (belief) and reason, which should consequently qualify the application and acceptance of such a belief in the public sphere.

2.2 The balancing of rights

It is not argued that the medical practitioner’s right to conscientious objection to participating in abortions should be absolute, as all rights have the potential to impinge on other rights. The right to conscientious objection (as part of the right to freedom of religion, opinion and conscience as stated in section 15 of the South African Constitution), like any other fundamental right under the South African Constitution, is subject to the limitation clause.¹³ A problem frequently arises regarding the attempt at having the limitation clause (or the proportionality determi-

¹¹ Such as Ngwena 2003:1-18 and McQuoid-Mason 2010:75-78.

¹² Scholarship which in fact does not give a clear demarcation of what is to be meant by the “health of the woman”.

¹³ Section 36 of the South African Constitution states: “The rights in the Bill of Rights may be limited only in terms of the law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, taking into account all relevant factors, including (a) the nature of the rights; (b) the importance of the purpose of the limitation; (c) the nature and extent of the limitation; (d) the relation between the limitation and its purpose; and (e) less restrictive means to achieve the purpose”.

nation¹⁴) serve as a more objective and considerate mechanism, in that views from various religions and beliefs frequently come into opposition with one another. This is especially true regarding whether a medical practitioner should be allowed to conscientiously object to participating in an abortion. On the one hand there is, for example, a doctor who undoubtedly (as well as rationally) views the unborn as human and who consequently refuses to perform an abortion in circumstances where the pregnancy does not seriously threaten the life of the mother. On the other hand, there are those who are adamant that the pregnant woman has a right to decide that the unborn be terminated due to socio-economic circumstances. Although each party calls upon its own rationality, the view that the unborn is human or something worthy of protection cannot be deemed irrational. Individuals and societies differ in their views on the nature and legal status of the unborn.

The abortion issue therefore presents a complex and unique challenge to the objectivity to which section 36 aspires. It is also doubted whether the assumption (as part of the limitation test or the proportionality determination) that only the balancing of the rights and interests of the health practitioner with those of the pregnant woman should be considered, is an accurate (and objective) formula. By assuming from the outset that the unborn does not form part of the limitation test (or the proportionality determination), a substantial subjective element is produced. Consequently, it is argued that the conscientious objection of the medical practitioner to the performing of abortions is especially unique when compared to the balancing act in the limitation of rights exercise as reflected in many other jurisprudential scenarios pertaining to conscientious objection.

Bearing this in mind, it is submitted that the rationality accompanying the belief that the unborn is human, together with the complexities arising from the question as to which rights bearers (or entities of substantial value) should be included in the limitation test (or the proportionality determination) in the first instance, justifies the importance of keeping belief in the sanctity of the unborn intact. Having accepted this, it is confirmed, as mentioned earlier, that only when the life of the pregnant woman is seriously threatened, should the medical practitioner be obligated to participate in an abortion. The limitation clause (or the proportionality determination) can be used to qualify this. For those who sincerely and strongly believe that not only the pregnant woman, but also the unborn is human and therefore worthy of protection, it can only be expected that the nearest that he or she can come to in being instructed to participate in an abortion is when the life of the woman is seriously at risk. For Dr

¹⁴ Which basically weighs the nature of the right and its limitation on the one hand, with the purpose of the limitation on the other hand.

Oosthuizen, his right to conscientious objection to participating in abortions should only be limited where the pregnant woman's life is seriously threatened.

Pretorius *et al* (2001:chapter 7, page 5) state that the principle of proportionality under section 36 of the South African Constitution is also linked to the principle of "reasonable accommodation".¹⁵ The South African Constitutional Court, in *MEC for Education: KwaZulu Natal v Pillay*¹⁶, (as per Justice Langa) gave some clarity as to what the parameters should be for "reasonable accommodation".¹⁷ According to the *Pillay* judgment, the "centrality of the practice" by the believer is an important factor to take into consideration.¹⁸ Other evidence, such as an objective investigation as to the centrality of the practice to the community at large is only relevant in so far as it assists in answering the "primary inquiry of subjective centrality".¹⁹ In other words, here the importance of the practice to the believer was emphasised. In Dr Oosthuizen's case, it is clear that, according to him, "we did not come to our workplace to have babies killed in it."²⁰

Nevertheless, other important aspects of the principle of reasonable accommodation in the workplace should be followed by the hospitals in South Africa regarding the issue at hand. It is the duty of the hospital to make the necessary arrangements pertaining to the availability of health care practitioners who will be willing to take part in the abortion.²¹ It is also the duty of both the government (state hospitals) and the management of any hospital to be responsible for proper planning in this regard. Also, those health care practitioners who oppose abortion should take the necessary steps towards informing the relevant hospital management of their intentions of not participating in abortion, and the management of the hospitals should properly test for the presence of a "sincere" belief on the part of the medical practitioner that the unborn is human or at least of such importance as to not allow "it" to be terminated.²² Therefore, on the one hand there is the responsibility of the

¹⁵ Reasonable accommodation in the workplace essentially requires the employer to take positive measures and adapt the job or working environment so as to enable a job applicant or existing employee who has a protected characteristic that is adversely served by the employer's job requirements or the working environment, to discharge the inherent requirements of the job. In this regard, see Pretorius et al 2001:chapter 7, page 3. Here it is emphasised that ultimately what is determinative is the principle of proportionality (Pretorius et al 2001:chapter 7, page 8).

¹⁶ 2008 (1) SA 474 (CC).

¹⁷ The Court postulated that the content of the said principle has at its core the notion that sometimes the community (whether the state, an employer or a school) must take positive measures and possibly incur additional hardship (or expense) in order to allow all people to participate and enjoy all their rights equally (see paragraph 73, page 500).

¹⁸ Paragraph 87, page 504.

¹⁹ Paragraph 88, page 505.

²⁰ Dr Oosthuizen in an interview on 5 July 2010.

²¹ See, Rebecca Cook et al (2009:251) for proposed examples.

²² Also see Ngwenya 2003:9.

institution to pave the way for an optimal provision of medical assistance (which includes the proper determination of the views of its members of staff regarding important matters such as participation in abortion practices),²³ whilst also expecting the medical practitioner herself or himself to make his or her opposition to participating in abortions as a matter of conscience, formally known.

In Dr Oosthuizen's case, the hospital was clearly and timeously informed by Dr Oosthuizen himself of the seriousness of his views pertaining to participating in abortions, and notwithstanding this, the hospital management continued to expect Dr Oosthuizen's participation in the removal of the terminated foetus, which, according to Dr Oosthuizen, was a "dead baby". This approach by the hospital substantially violates any efforts towards the establishment of reasonable accommodation in the medical profession and environment.

In conclusion therefore, it is submitted that conscientious objection to participation in abortions resides on the more substantive side of the protection of the conscience (and of belief) as a fundamental right. Divergent views on the nature of the unborn and the fact that arguments supporting an understanding of the unborn as human can be most credible and rational, lead us to an increased sense of significance of the belief by many that the unborn is a live human being. This in turn opposes the view that a medical practitioner's right to freedom of religion (and consequently of conscience) may justifiably be limited, hereby expecting such a medical practitioner to participate in an abortion. Similarly and as explained earlier, the principle of "reasonable accommodation" can be applied so as to both justify the accommodation of medical practitioners who view the unborn as sacred, and also to improve and add to the responsibilities expected of the hospitals themselves.²⁴

3. Religion, conscientious objection and the "public sphere"

As stated earlier, Dr Oosthuizen sincerely believes that the unborn is a human being, and this belief is not only aided by his scientific deductions²⁵ when analysing the unborn, but more importantly to Dr Oosthuizen, this belief he has is qualified and maintained by his Christian (religious) belief. Consequently, the importance of

²³ For example, hospitals must be required to keep records of providers to whom patients can be referred for abortion (Cook et al 2009:252).

²⁴ The hospital can also do more regarding "referrals", where a medical practitioner might object even to referring a pregnant woman to a medical practitioner who is prepared to do the abortion. It is submitted that the hospital management should have the primary responsibility of devising and arranging ways to provide for referrals without having to include the medical practitioner who strongly believes that even the referral of a pregnant woman to another doctor constitutes a substantial violation of his or her belief in the sanctity of life. Irrespective, the author is of the view that referrals may be made by a medical practitioner if the situation truly necessitates it.

²⁵ As discussed earlier.

religion in matters of conscientious objection and its proper place in society require further discussion. A necessary element of the freedom and dignity of any individual is an “entitlement to respect for the unique set of ends that the individual pursues”, one of these ends being the voluntary religious and cultural practices in which we participate.²⁶ Justice Sachs stated in *Christian Education South Africa v Minister of Education*²⁷ that:

There can be no doubt that the right to freedom of religion, belief and opinion in the open and democratic society contemplated by the Constitution is important. The right to believe or not to believe, and to act or not to act²⁸ according to his or her beliefs or non-beliefs, is one of the key ingredients of any person’s dignity.²⁹

It is especially in such indeterminate matters as those related to the abortion question (which in turn deal with a fundamental issue such as the nature of being human against the background of the unborn), that conscience plays an integral role in the well-being and enjoyment of the bearer’s psyche and consequent experience of human dignity. Conscience is also linked to those fundamental beliefs which provide the parameters for the believer in his or her interactions with the world, and for the believer to act contrarily to his or her view that the unborn may not be terminated would constitute, in the eyes of such a believer, an unforgivable and unbearable situation.

Religious motivation in matters of conscientious objection is both substantial and frequent, and this also applies to opposition to participating in abortion practices in the healthcare profession. As stated earlier, Dr Oosthuizen is a devout Christian and firmly believes that the unborn is a human being – the pinnacle of God’s creation. Although religion plays a substantial role in many of the anti-abortion initiatives, the view that “religion” *per se* violates the woman’s reproductive rights presents a skewed picture regarding an understanding of “religion” versus “belief”. In other words, the impression is given that the reproductive rights avenue (which is pro-abortion) is belief-free and therefore “more objective” and “neutral”, which is not the case. There is a real risk in this as it may lead to views that religious motivations in conscientious objection cases are not accepted in the public sphere, and that the policies and laws of the public authorities should have the upper hand, due to their complete separation from the private/religious camp. For example, Rebecca Cook states that hospitals whose administrative officers claim adherence to religious convictions opposed to abortion may properly object in their *private lives*, but not project their personal faith

²⁶ Paragraph 64, pages 496-497. Also see paragraph 53, page 493.

²⁷ 2000 (4) SA 757.

²⁸ Also see Vischer 2010:3.

²⁹ Paragraph 36, page 779.

onto the hospital, which, unlike a human being, cannot claim a soul that must remain intact against mortal sin (Cook *et al* 2009:250).

It is submitted that the suggestion that one's "religious" convictions are "private" and therefore have no validity in the public sphere, the latter representing "secular obligations" (as opposed to religious convictions) is not an accurate observation. In other words, Cook suggests that conscientious objection due to religious views is only applicable in the personal sphere, whilst the "secular" sphere contains a "faith free" domain, thereby creating the perception that conscientious objection (based on religious conviction) to participating in an abortion belongs to the private or personal sphere and has no place in the hospital, due to the hospital's secular (belief neutral) character. But this entails a skewed picture of the presence of belief (be it religious or irreligious) and consequently provides a false motivation for excluding religious conviction from the act of participating in an abortion. Also, when dealing with fundamental questions relating to "when human life begins" and "what is a human-being" (and which, consequently, implies views on the nature of the unborn), religion as well as belief play a central role.

Iain Benson (2007:155) warns that if we are looking to discuss the relationship between religion and other aspects of society we must be careful to avoid setting up false dichotomies. Religion discussed *in relation to the state* or *within society* is a far cry, says Benson, from the frequently used "religion and the state." Benson explains that when we use the "state" to mean the order of government and the law, and "society" to mean citizens at large, including both religious and non-religious citizens, we must remember that religion, in some sense, is within both, since religious and non-religious citizens make up both the state and society. Benson (2010:16) adds that:

If "religions" and "religious believers" are viewed as outside the public sphere then it is likely that they will be accorded rather different "weight" for their concerns in relation to the distribution of public goods. If, on the other hand, we recognize that "beliefs" (including religious beliefs) are part of being human and the public sphere is made up of believing humans then questions about such things as "public funding" take on a new dimension.

Therefore, the substantial belief that the medical practitioner has that the unborn is a human being (and a live one at that) extends into and forms part of the public arena, and should consequently be accorded the same weight as those "beliefs" that do not view the unborn as human (or as an organism worthy of protection).

There will however, be limitations in this regard, but political (and public) society must endeavour as far as possible the attainment of the ends and goods of each individual and group of individuals in a pluralist, democratic and constitutional

society. This includes the phasing in and maintenance of true tolerance (as a virtue, aligned with other virtues such as humility, respect and courtesy), by which each person or group of persons is entitled to defend his or her understanding of what is good for human beings by rational arguments, and to attempt to persuade others that it is, in fact, true. It is for this very reason that the following view of the Constitutional Court as per Justice Sachs, needs to be understood as also protecting religious rights and freedoms within the public and state sphere namely:

The Constitution, then, is very much about the acknowledgement by the State of different belief systems and their accommodation within a non-hierarchical framework of equality and non-discrimination. It follows that the State does not take sides on questions of religion. It does not impose belief, grant privileges to or impose disadvantages on adherents of any particular belief, require conformity in matters simply of belief, involve itself in purely religious controversies, or marginalise people who have different beliefs.³⁰

It is also for the very reasons stated above that the view that state-employed health practitioners are contractually bound to render services to such patients on behalf of hospitals employing them because (unlike private practitioners) state-employed practitioners cannot pick and choose their patients, is an understanding that is not sensitive nor nuanced enough (McQuoid-Mason 2010:75). To absolutely exclude substantial interests resulting from foundational beliefs or religions would be to blindly ignore the integrative and representative nature of the public sphere regarding its relationship with religion and belief in a pluralistic and democratic society. The bracketing of religion on entering the public domain is reflective of the bracketing of the very aspect of personality that lends meaning to people's lives. The matter of abortion carries substantial gravity in this regard due to the fundamental philosophical questions and complexities that it gives rise to.³¹ To exclude "comprehensive" religious and philosophical loyalties from the public and political sphere would negate the very aims of a liberal and modern-day constitutional paradigm, where the different ends and goods within society should not only be towards the satisfaction and fulfilment of activities in the private sphere, but also in the public sphere. This should be especially relevant regarding beliefs on the nature of the unborn.

4. Conclusion

As stated at the outset, there is a concern that medical practitioners in South African hospitals (and in the hospitals of many other so-called democratic and pluralist countries) with a strong conscientious objection to participating in abortions might

³⁰ S v Lawrence, S v Negali, S v Solberg, 1997(4) SA 1176 (CC), paragraph 148, pages 1225-1226.

³¹ As discussed earlier.

be pressurised to act against their beliefs; which in turn may cause much psychological trauma for the medical practitioner. A fundamental aspect of human dignity and one of the most basic aspects of human rights and freedoms is to be free to act according to the fundamental precepts of the individual's reason, beliefs, morals and conscience. Two of the many dangers of suppressing unpopular opinions are that it erodes the status of the right to hold opinions for everyone and it limits the moral maturity of the populace (Coady 1997:384). This is especially relevant to the medical practitioner who strongly believes in the sanctity of the unborn. For reasons explained in the above, the relationship between the right to religious freedom (and consequently freedom of the conscience) and the participation in abortions is both unique and loaded with gravity. To limit arguments in this regard to the exclusion of the unborn, the overriding importance of reproductive rights and the rigid distinction between the public and private sphere (in which religion and belief are consequently watered down) simply does not provide an informative, balanced and sensitive approach to such a complex and important issue.

This article, by having argued for the accommodation of conscientious objection by medical practitioners to participation in abortions aims at, in the final instance, promoting the challenge for any democratic and pluralist society to achieve a more tolerant approach.

References

- Benson, IT 2007. The freedom of conscience and religion in Canada: Challenges and opportunities. *Emory International Law Review* 21(1):111-166.
- Benson, IT 2010. Taking pluralism and liberalism seriously: The need to re-understand "Faith" "Beliefs" "Religion" and "Diversity" in the public sphere, paper delivered at the In the Presence of Faith: An Inter-disciplinary Symposium on South African Studies in Religion, Johannesburg, 24-26 February 2010.
- Coady, CAJ 1997. Objecting morally. *The Journal of Ethics* 1(4):375-397.
- Cook, RJ, Olaya, MA and Dickens, BM 2009. Healthcare responsibilities and conscientious objection. *International Journal of Gynecology and Obstetrics* 104(3), March:249-252.
- De Freitas, SA and Myburgh, GA. Seeking deliberation on the unborn in international law. *Potchefstroom Electronic Law Journal* (to be published in the *Potchefstroom Electronic Law Journal* during the latter half 2011).
- McQuoid-Mason, DJ 2010. State doctors, freedom of conscience and termination of pregnancy revisited. *South African Journal of Bioethics and Law* 3(2):75-78.
- Ngwena, CG 2003. Conscientious objection and legal abortion in South Africa: delineating the parameters. *Journal for Juridical Science* 28(1):1-18.
- Pretorius, JL, Ngwena, CG and Klinck, E 2001. *Employment Equity Law*, Service issue 9, 2009. Durban: Lexis Nexis.
- Vischer, Robert K 2010. *Conscience and the common good. Reclaiming the space between person and state*. Cambridge: Cambridge University Press.