

Conclusion

In conclusion, anecdotal evidence seems to support Pellegrino's concern that western medical ethics is in a state of crisis, but a crisis for whom? Our historical study revealed two strongly competing views regarding the acceptability of medical facilitation in the prevention of pregnancy. One was based upon meanings and values drawn from some form of theistic commitment and the other was drawn from a form of naturalistic commitments. Basic commitments today seem to reflect the same divergence and the same conflict. On one hand, there is an emphasis on the current existing material needs, wants, and values of the community. On the other hand, there is an emphasis on the inherent dignity of human life at all stages of their story. The ontological status of fetus or pre-born, as only animal and not yet human did not figure into the discussion in Greco-Roman history. What did figure was the virtue of medicine as a healing art. The contemporary experience differs from the Greco-Roman in that no data indicates pressure was applied to Greco-Roman physicians to either provide or deny services that interfered with pregnancy. This may have been partly due to the dangers of death to the mother from an inexact science, lack of antibiotics, or blood replacement. A shift in seemed to have occurred in Roman medicine. Natural law and Hippocratic Oath spoken of by Galen were soon taken up, modified, and ethically 'baptized' into an evolving Christian ethic. The shift included a move from a variety of secular ontological and epistemological commitments to a dominant Christian voice. It resulted in a change to an attitude of intolerance toward terminating pregnancies in the *polis*. Patients who were found to have intervened in their pregnancies could experience untoward consequences by those in positions of authority.

The domination of the Judeo-Christian Hippocratic ethic for the last seventeen centuries appears to have ended in the 1990's. No particular ethical commitment seemed dominant; hence Pellegrino's assertion of a moral crisis in medicine. The crisis appears to be resolving for one group as change in the socio-cultural hegemony of the west from Judeo-Christian commitments to material naturalistic commitments appears to be playing out in their favor. The refusal/conscience clause debate is a possible indicator that bears out this conclusion. It may well be that the shoe is now on the other foot, and that repercussions are now falling upon those who adhere to the Christian worldview rather than upon those who violate that ethic. For those advocating reproductive access there is no ethical crisis since they are actualizing their position. In contrast, the degree to which tolerance will be extended to providers practicing with Christian conscience will depend upon the identity of those who occupy the places of dominance as the power structures shift. Of course, the question must be raised: Were the decisions against conscientious objection in the State of Washington just another common example of sheer 'will to power' of the new hegemony or were they just anecdotal evidence from an isolated incident?

A thorough analysis of current legal trajectories might reveal if our litmus test uncovers an isolated incident or a growing precedent that discloses a newly emerging ethic of dominance. Further, a study of the worldviews that underpin the mid-level principles of the reproductive access and conscience clause advocates would substantiate if there were a shift in those voicing worldview dominance, as suggested in this article. For now, the underlying philosophical commitment seems to determine both where the accent falls and what the words mean in the phrase "dispense with conscience."