

TO: Interested Parties  
FROM: Kellyanne Conway, President & CEO  
the polling company™, inc./WomanTrend  
DATE: April 8, 2009  
RE: Key Findings on Conscience Rights Polling

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On behalf of the Christian Medical Association (CMA), the polling company™, inc./ WomanTrend conducted a nationwide survey of 800 American adults and an online survey of members of faith-based medical organizations. Full statements of methodology can be found at the conclusion of this document.

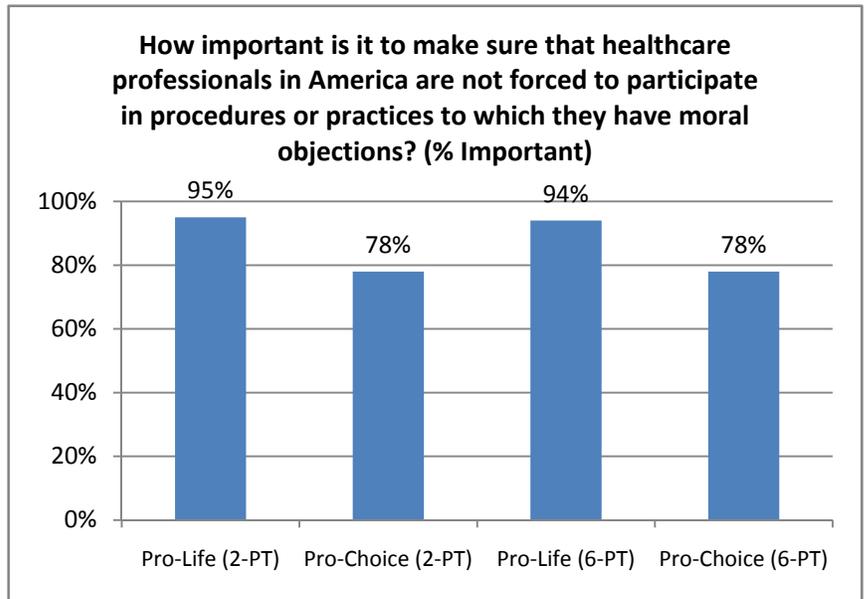
### **Nationwide Survey of American Adults (18+)**

#### **Americans of All Demographic Characteristics and Political Stripes Seek a Shared Set of Values with their Healthcare Providers.**

Fully 88% of American adults surveyed said it is either “very” or “somewhat” important to them that they enjoy a similar set of morals as their doctors, nurses, and other healthcare providers. Intensity was strong, as 63% described this as “very” important while at the other end of the spectrum, just 6% said it is “not at all important,” a ratio of more than 10-to-1.

#### **Healthcare Providers’ Conscience Protections Viewed as an Inalienable Right**

A sizable 87% of American adults surveyed believed it is important to **“make sure that healthcare professionals in America are not forced to participate in procedures and practices to which they have moral objections.”** Support for this protection garnered considerable intensity as well, with 65% of respondents considering it very essential. Majorities of men, women, and adults of all ages, races, regions, and political affiliations considered it critical to defend the rights of healthcare providers to refuse to perform certain procedures on moral grounds. Also joining with these majorities were 95% of respondents who self-identified as “pro-life,” 78% who considered themselves “pro-choice,” 94% who voted for Senator McCain in November 2008 and 80% who cast a ballot for (now) President Obama.



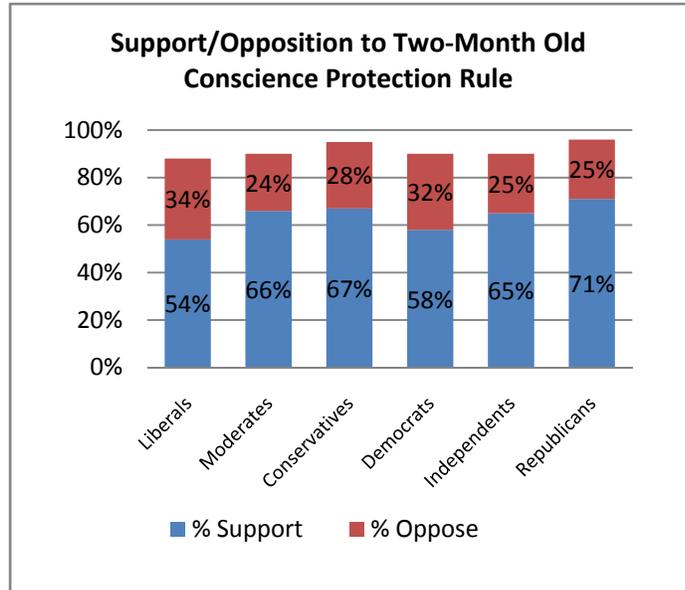
#### **Americans Oppose The Principle of Forcing Healthcare Providers to Act Against Their Consciences...**

A majority (57%) of American adults opposed regulations **“that require medical professionals to perform or provide procedures to which they have moral or ethical objections.”** In contrast, 38% favored such rules. The potency of opposition was twice that of the supporters: 40% strongly objected to the regulations while just 19% strongly backed them. Politically, a majority of conservative Republicans (69%), moderate Republicans (69%), and conservative Democrats (59%), as well as the plurality of liberal/moderate Democrats (49%), joining together to reject policies to that require doctors and nurses to act against their personal moral code or value set.

### ...Support Regulations That Protect Them From Doing So...

Without any names or political parties being mentioned, respondents were provided with a short description of the new conscience protection regulation and its recent inception: **“Just two months ago, a federal law known as ‘conscience protection’ went into effect after reports of doctors being discriminated against for declining to perform abortions. It protects doctors and other medical professionals who work at institutions that receive federal money from performing medical procedures to which they object on moral or religious grounds.”**

After hearing this short description, support for this new regulation outpaced opposition by a margin of more than 2-to-1 (63% vs. 28%). Intensity favored it, with 42% strongly backing it and 19% strongly rejecting it. Endorsements for the rule spanned demographic and political spectra, with majorities in all cohorts offering their support. **In fact, even 56% of adults who said they voted for President Obama last fall and 60% of respondents who self-identified as “pro-choice” said they favor this two-month old conscience protection rule.**



### ... And Oppose Any Efforts to Remove Such Regulations.

Next, respondents were asked to react to the proposed rescission of the conscience protection regulation: *“Earlier this month, officials from the U.S. Department of Health and Human Services introduced a rule change that would effectively eliminate the two-month-old conscience protection. This could mean that doctors and other medical professionals could be coerced to participate in medical procedures to which they object on moral or religious grounds.”*

Opposition to revocation of the conscience protection rule outpaced support by a margin of more than 2-to-1 (62% vs. 30%). As was the case in the previous question, intensity favored retention of the regulation (44% strongly opposing rescission versus 17% strongly supporting it). Again, there was consistent demographic alignment, as a majority of men, women, and adults of all ages, races, incomes, regions, and geographic types stood together to reject removal of conscience protection. And, there was cohesiveness across political lines, as 52% of self-identified Democrats, 67% of self-identified Independents, and 73% of self-identified Republicans, as well as 50% of liberals, 65% of moderates, and 69% of conservatives also opposed nullification. A narrow majority (53%) of people who considered themselves to be “pro-choice” opposed rescission. Notably, a small number (7%) were ambivalent or undecided, saying they did not know or lacked the information to render an opinion one way or the other.

### The Political Currency Calculus: Voters Will Punish Politicians Who Fail to Defend Healthcare Providers’ Rights to Refuse to Violate Their Conscience in the Name of Medicine.

Finally, when asked how they would view their Member of Congress if he or she voted *against* conscience protection rights, 54% indicated they would be less likely to back their United States Representative. In fact, 36% said they would be *much less likely*, a figure three times greater than the 11% who said they would be *much more likely*. Furthermore, 43% of respondents who said they voted for President Obama indicated that they would be less inclined to back a Member of Congress if he or she opposed conscience protection rights.

## Membership Survey

### **Real Effects Likely to Be Felt in Medical Community If Doctors Forced to Act Against Their Moral and Ethical Codes**

In the survey of 2,865 members of faith-based organizations, doctors and other medical professionals voiced their concerns that serious consequences could occur if doctors are forced to participate in or perform practices to which they have moral or ethical objections. Nearly three-quarters (74%) believed that elimination of the conscience protection could result in “fewer doctors practicing medicine,” 66% predicted “decreased access to healthcare providers, services, and/or facilities for patients in low-income areas,” 64% surmised “decreased access to healthcare providers, services, and/or facilities for patients in rural areas,” and 58% hypothesized “fewer hospitals providing services.”

When asked how rescission of the conscience rule would affect them personally, fully 82% said it was either “very” or “somewhat” likely that they personally would limit the scope of their practice of medicine. This was true of 81% of medical professionals who practice mainly in rural areas and 86% who work full-time in serving poor and medically-underserved populations.

### **Conscience Protection Rule Fundamental and Necessary in the Medical Profession, According to Members of CMA (Christian), CMA (Catholic), and CPFI**

Fully 97% of members who participated in the survey supported the two-month-old conscience protection clause and 96% objected to rescission of the rule.

The Department of Health and Human Services has asked whether the objectives of the conscience protection regulation can be achieved “through non-regulatory means, such as outreach and education.” Nearly nine-in-ten (87%) members surveyed – those who are on the ground, in hospitals and clinics across the country – felt “outreach and education” alone were insufficient to accomplish the goal.

Ninety-two percent declared the codification of conscience protection to be necessary (83% “very” and 9% “somewhat”) based on their knowledge of “discrimination in healthcare on the basis of conscience, religious, and moral values.” Many respondents held this opinion due in part to their own personal experience. When asked to assess their educational experiences:

- 39% have “experience pressure from or discrimination by faculty or administrators based on [their] moral, ethical, or religious beliefs”
- 33% have “considered not pursuing a career in a particular medical specialty because of attitudes prevalent in that specialty that is not considered tolerant of [their] moral, ethical or religious beliefs.”
- 23% have “experienced discrimination during the medical school or residency application and interview process because of [their] moral, ethical or religious beliefs.”

And, when asked to assess their professional experiences:

- 32% have “been pressured to refer a patient for a procedure to which [they] had moral, ethical, or religious objections
- 26% have “been pressured to write a prescription for a medication to which [they] had moral, ethical, or religious objections
- 17% have “been pressured to participate in training for a procedure to which [they] had moral, ethical, or religious objections.”
- 12% have “been pressured to perform a procedure to which you had moral, ethical, or religious objections.”

## STATEMENT OF METHODOLOGY

### *Nationwide Survey of Adults:*

On behalf of the **Christian Medical Association, the polling company™, inc./ WomanTrend** conducted a nationwide survey of 800 American Adults (18+). The survey contained one screener question, 10 substantive questions, and 13 demographic inquiries. All substantive questions were closed-ended in nature.

The survey was fielded March 23-25, 2009 at a Computer-Assisted Telephone Interviewing (CATI) facility using live callers. The sample was drawn utilizing Random Digit Dial, a computer dialing technique that ensures that every household in the nation with a landline telephone has an equal chance of being called. Each respondent was screened to ensure he or she was 18 years of age.

Sampling controls were used to ensure that a proportional and representative number of people were interviewed from such demographic groups as age, race and ethnicity, and region according to the most recent figures available from the U.S. Census Bureau and voter registration and turnout figures. After data collection, weighting was used to ensure that the sample reflected the current population. This is a common and industry-accepted practice. Age, race, and gender were allowed four points of flexibility in pre-set quotas while three points of flexibility was permitted on region.

The overall margin of error for the survey is  $\pm 3.5\%$  at a 95% confidence interval, meaning that in 19 out of 20 cases, the data obtained would not differ by any more than 3.5 percentage points in either direction if the survey were repeated multiple times employing this methodology and sampling method. Margins of error for subgroups are higher.

### *Online Survey of Members of Faith-Based Medical Organizations:*

On behalf of the **Christian Medical Association, the polling company™, inc./ WomanTrend** conducted an online survey of members of faith-based organizations. The Catholic Medical Association and Christian Pharmacists Fellowship International also invited their members to participate.

The survey was fielded March 31, 2009 to April 3, 2009 and was completed by 2,298 members of the Christian Medical Association (CMA), 400 members of the Catholic Medical Association (CMA), 69 members of the Fellowship of Christian Physicians Assistants, 206 members of the Christian Pharmacists Fellowship International, and 8 members of Nurses Christian Fellowship. Respondents were allowed to select membership in multiple organizations.

Each respondent was provided with a unique hyperlink to take the survey, allowing no member to take the survey more than once and prohibiting respondents from passing the link to another individual after completing the survey.

This survey is intended to demonstrate the views and opinions of members surveyed. It is not intended to be representative of the entire medical profession nor of the entire membership rosters of these organizations. Respondents who participated in the survey were self-selecting.