



SECULAR
MEDICAL
FORUM

**Secular Medical Forum response to the GMC guidance on Personal Beliefs
and Medical Practice**

Deadline: Monday 20th February 2012

Submitted by email Sunday 19th February 2012 by Dr Antony Lempert, SMF chair

The Secular Medical Forum has been asked to respond on behalf of the National Secular Society to the request for comments on the GMC guidance on Personal Beliefs and Medical Practice. The views expressed by the Secular Medical Forum are endorsed by the National Secular Society.

The Secular Medical Forum (SMF) is concerned that patients are not disadvantaged or harmed by the imposition on them of other people's personal religious views. The SMF considers the current GMC guidance in need of significant changes in order to achieve its stated aim of guiding doctors and protecting patients.

Significantly, current GMC guidance on Personal Beliefs and Medical Practice:

- a) Falls short of **placing the care of the patient as the first concern** at all times
- b) Lacks the necessary rigour and safeguarding **to distinguish between patients with capacity to make their own decisions and those vulnerable to the imposition of other people's beliefs**

- c) Is **overly concerned with the expression of doctors' own moral or religious viewpoints** rather than focussing on the care of the patients who rely on doctors for their professional expertise.

Members of the Secular Medical Forum fully support and champion the free expression of the personal beliefs of doctors and patients so long as such expression can not harm other people and so long as it does not restrict other people's rights to peaceful expression of their own views.

The SMF recommends that the GMC makes **a clear distinction between an inappropriate discussion of, or challenge to the personal views of a patient or a doctor, versus critical challenge to inappropriate medical practice**, i.e. to the free expression of those personal views. This vital distinction is currently lacking in areas where religious doctors' or relatives' views are allowed to influence the care or treatment a patient is offered away from what is considered best practice, either when the patient is incapable of giving consent or when not yet of an age to have formed an opinion. In these situations **the guiding principles should be those in the GMC guidance on treating patients without the capacity to give consent**. Use of these principles should result in the **least restrictive option** being taken, in the **best interests** of the patient with consideration as to whether the **patient will later gain capacity** to make a treatment decision that might not need to be made until later.

The Secular Medical Forum regularly encounters the effects of religious dogma and religious injunctions forced upon people who might not share the same belief system. For example, people nearing the end of life may be denied proper discussion of all the available options such as adequate pain relief because some religious doctors consider it morally wrong to provide treatments that might also shorten life, women may be denied access to reproductive health care because of their doctor's personal moral judgments and children suffer the life-long effects of forced genital cutting to satisfy parental religious or cultural beliefs. These vulnerable people are owed a duty of care and need **doctors who will place the patient's needs before other people's wishes**. People nearing the end of their life, women denied contraceptive services and young boys are categories of people who are less likely to be in a position to speak out for themselves and therefore more vulnerable and in need of protection. The GMC should make it clear that doctors must place the care of these people above the demands of religious bodies and above the doctors' own personal views. This is currently lacking from the guidance.

The SMF would like to offer some constructive suggestions to bring this part of GMC guidance into line with the principles in Good Medical Practice. We offer comment on the existing guidance using the paragraph headings and sub-headings as they currently stand.

Paragraph 1

The SMF commends the focus of the GMC on making 'the care of your patient your first concern'. This principle should not be subverted by other people's religious 'requirements', religious demands or religious or cultural offence.

The SMF recommends that the GMC reconsider its advice to doctors where '...carrying out a particular procedure or giving advice about it conflicts with your religious or moral beliefs...' In such cases **the onus should be on the doctor to choose a field of work which does not bring their**

personal beliefs into conflict with the profession they have chosen. Current guidance implies a carte blanche for doctors to opt out of all manner of procedures or information-giving.

The freedom to refuse to provide information to patients is in direct conflict with a doctor's duty to work with patients to allow the patient to make the decision as to what is in their own best interests. It is also in conflict with **paragraph 9** concerning trust and good communication.

The sentence from 'If carrying out a particular procedure...' to '...the right to see another doctor' should be removed. **There should be no situation where doctors are empowered by their own personal views to prevent patients from receiving all relevant information** that accepted good practice would dictate should be shared with the patient. If the GMC is minded to keep this advice then it should be modified and limited to specific procedures such as participating in a pregnancy termination but should never include the withholding or deliberate censoring of information because of a doctor's personal views or beliefs.

The SMF agrees with the GMC that it is inappropriate for doctors to initiate discussion about their own personal beliefs or politics. We recommend that this is included explicitly in the guidance. We recommend the removal of the final part of the last sentence of Paragraph 1 '... or that are likely to cause them distress.' We regard this as unhelpful as it might leave some doctors believing that, because their intentions are good, their proselytising actions won't cause distress.

When the patient initiates a discussion about beliefs or politics, this should not be taken as an invitation for the doctor to share their own views but as an **opportunity to further explore the patient's own views.** There may be rare occasions when it is appropriate for the patient to hear the doctor's own views but this should be the exception and not the rule. The tendency of some Christian doctors who have attended a course called 'The Saline Solution' to implement its teaching as to how to 'draw patients naturally towards Christ' is a disturbing abuse of the doctor-patient relationship. The Saline Solution is a course run by the Christian Medical Fellowship specifically to teach Christian doctors how to encourage their patients to find Jesus.

The SMF recommends the addition of a paragraph in the guidance giving express guidance against such behaviour. For example: **'If you hold strong views that your personal belief or politics is actively helpful for patients, you must recognise that not everyone will share your personal convictions. You must not allow your personal views, particularly on religious or political matters, to lead you into trying to persuade or otherwise draw patients towards your own views or beliefs.'**

There is a **contradiction between GMC advice** to doctors not to express their beliefs to patients in ways that '... are likely to cause them distress' and GMC advice to doctors to tell patients why the doctor is refusing to provide treatment or offer information or advice because it 'conflicts with your religious or moral beliefs'. This contradiction can be avoided by returning to the principle of making the care of the patient the first concern and by guiding doctors that the GMC does not agree with doctors imposing their own morality on their patients by denying the patients treatment or advice.

Paragraph 4

The current wording of paragraph 4 is incomplete without reference to whether or not those beliefs are freely-chosen. It is vital for doctors to recognise that some patients will not share their

relatives' beliefs or values, particularly when making major, irreversible decisions such as during end of life care or cosmetic surgery on young children's genitalia.

Paragraph 5

The SMF agrees with paragraph 5 and would like to add the following comments.

We recommend further clarification by the GMC of the doctor's role where respect for the person together with their right to hold a personal belief, might conflict with the **ability of a doctor to give straightforward advice** about the consequences of a particular course of action without seeming to disapprove of the patient's views. The current advice does not make it sufficiently clear how the doctor might convey relevant information to a patient whose personal views might be opposed to good medical practice. For example, a patient who considers that sex with a virgin will cure AIDS is a risk to other people and perhaps to children. The SMF recommends that, in such cases, GMC advice should be straightforward; doctors who act in what they consider to be their patient's best interests to educate sensitively and respectfully, rather than colluding indiscriminately with all of their patients' beliefs should be supported by the GMC.

Existing GMC guidance leaves doctors fearful of challenging dangerous or ill-informed beliefs in case they are later investigated by the GMC for challenging their patients' religion or belief 'inappropriately.'

The SMF recommends that the GMC make a clear distinction in paragraph 5 between adults with the capacity to make decisions for themselves, even when those decisions may lead to harmful outcomes for their own health, versus children who do not have capacity to make such decisions.

Children and vulnerable adults should therefore be protected from treatment options that differ from what would normally be regarded as best practice and particularly those that might cause irreparable harm such as non-therapeutic cutting of a child's genitals.

We also recommend a distinction be made between allowing people with capacity to cause themselves harm versus the involvement, collusion and approval of doctors.

Paragraphs 10-11 are helpful additions because they focus on the autonomy of the Jehovah's Witness patient and the importance of not making assumptions about their decisions.

Paragraphs 12-16 are unhelpful for the reasons below. We recommend their removal from the guidance:

- a) In **Paragraph 12** no distinction is made between adult Jews and adult Muslims versus the children of these adults. The UK Government seemingly does not recognise the capacity of children to hold personal religious views as it disallows all but the over-16s the right to opt themselves out of compulsory daily religious worship in schools. If children are not yet deemed capable of forming their own views then permanent surgery on the bodies of these children to satisfy adult religious views can not be justified. Such surgery potentially and actually denies many men their own rights to self-determination over their own bodies.
Whether or not some people regard their traditional privileges to remove part of someone

else's penis as a fundamental right is immaterial. Child safeguarding procedures should be applied to all children. Male children of Jewish or Muslim parents should be given equal protection as all other children already have, to grow up with their normal genitalia intact.

- b) **Paragraph 13 should be removed.** The GMC has a recognised role in guiding doctors and protecting patients. By including paragraph 13, the GMC is actively condoning doctors who disregard the spirit and letter of other areas of GMC guidance and cause irreversible, irreparable harm to the normal penises of normal boys to satisfy someone else's personal views. Such activity is usually regarded as criminal assault. The SMF urges the GMC to remove this paragraph. In so doing, the GMC would not be challenging the law but would ensure that all consideration of non-therapeutic excision of the foreskin would then be seen in the context of the rest of GMC guidance.
- c) The advice to doctors in **Paragraph 15** to conscientiously object if they see no clinical reason to refer a healthy child for a non-therapeutic procedure is perverse and muddled. In no other situation would a doctor have to conscientiously object were they asked to refer for a non-therapeutic procedure. **If it is not a medical procedure it is not healthcare.** Also, as ritual circumcision is largely a private procedure, are doctors required to refer to private providers? How will they know who is safe? Will they be responsible if the private provider botches the job, because they made the referral? Will GP's have to vet all their local circumcisers in order to know who they must refer to? This advice is ill-conceived and should be removed from the guidance.
- d) In **Paragraph 16**, it is stated that a religious adviser be invited to be present during a surgical operation. It is not clear to what extent this invitation should be limited. Are religious advisers to be invited to scrub up in operating theatres? Is this to be limited to ritual male genital surgery? This, too, is ill-conceived advice which we would urge the GMC to drop.

There are further apparent contradictions in the remainder of the guidance. For example, **paragraph 20** advises doctors that 'patients have a right to information about their condition and the options available to them. You must not withhold information...' Yet in **paragraph 1**, doctors are advised that they may inform patients if they object to giving advice about a procedure. **Paragraph 23** similarly advises doctors to be open about the options available to them even those they may hold conscientious objections about.

The Secular Medical Forum is concerned that religious clothing, **as per Paragraph 27**, is inappropriate when caring for patients. The wearing of overt religious symbolism contradicts the advice in both **Paragraphs 1 and 19** not to express your personal or religious beliefs to your patient. The danger is not one of patient offence, though that might occur, but that the patient might feel inhibited from sharing information or seeking treatment for fear of offending the doctor. Patients should not be placed in the position of having to modify their health-seeking behaviour according to the religious affiliation of their doctor.

We would be pleased to offer any further assistance to the GMC in the production of the new guidance.

The Secular Medical Forum is a non-profit company limited by guarantee, registered no. 07237231

Registered address:

Secular Medical Forum

25 Red Lion Square

London

WC1R 4RL

Email: antony@secularmedicalforum.org.uk