



CMF Briefing Paper on the WMA's Draft Revision of the International Code of Medical Ethics (ICoME), 2021 – Conscience Clause

The World Medical Association is consulting on a draft revision of its ICoME. This is a very important document that provides a global guide for medical ethics, and which complements the WMA's Declaration of Geneva. Both of these documents originally arose in the aftermath of the Second World War and the atrocities committed by Nazi doctors.

The existing ICoME contains paragraphs such as the following:

A PHYSICIAN SHALL be dedicated to providing competent medical service *in full professional and moral independence*, with compassion and respect for human dignity.

A PHYSICIAN SHALL always bear in mind *the obligation to respect human life*.

In April 2021, a revised draft of the ICoME was published – details of the consultation and a link to the full revised text can be found at:

<https://www.wma.net/what-we-do/medical-ethics/declaration-of-geneva/public-consultation-on-a-draft-revised-version-of-the-icome/>

Of particular concern is new clause 27, which states:

Physicians have an ethical obligation to minimise disruption to patient care. Conscientious objection must only be considered if the individual patient is not discriminated against or disadvantaged, the patient's health is not endangered, and undelayed continuity of care is ensured **through effective and timely referral to another qualified physician.** *

** This paragraph will be debated in greater detail at the WMA's dedicated conference on the subject of conscientious objection in 2021 or 2022. However, comments on this paragraph are also welcome at this time.*

Specific mention of conscientious objection is welcome, and the draft text goes further in clause 3:

The physician must practise with conscience, honesty, and integrity, while always exercising independent professional judgment and maintaining the highest standards of professional conduct.

However, **clause 27 is concerning in its reference to 'undelayed continuity of care...through effective and timely referral to another qualified physician.'**

Whilst a physician has a responsibility not to obstruct a patient's access to legally available healthcare, **it is hard to see how this current wording preserves the obligation of the physician to 'practise with conscience, honesty and integrity'**

(clause 3) if they are merely required to refer seamlessly onto another physician, (presumably, one they know who is willing to provide the treatment or procedure in question) with the inherent approval implied by such a referral.

The UK General Medical Council has fuller guidance on Conscientious Objection, which we believe strikes a better balance – the guidance is in paragraphs 8-16 of *Personal Beliefs in Medical Practice* - <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice/personal-beliefs-and-medical-practice>

Extracts include:

12c - Make sure that the patient *has enough information* to arrange to see another doctor who does not hold the same objection as you.

13 - *If it's not practical* for a patient to arrange to see another doctor, you must make sure that arrangements are made – without delay – for another suitably qualified colleague to *advise, treat or refer* the patient.

15 - You *must not obstruct patients* from accessing services or leave them with nowhere to turn.

16 - Whatever your personal beliefs about the procedure in question, you must *be respectful of the patient's dignity and views*.

The UK GMC guidance emphasises the *provision of information, access to suitably qualified colleagues, not obstructing access to services, and respecting patient dignity*, without necessarily mandating the 'effective and timely referral' in the WMA's current draft.

The WMA's current consultation closes on 28 May 2021, and comments can be emailed to icome@wma.net

Further opportunity will be available to debate the conscience clause further at a dedicated WMA conference in 2021 or 2022 – details are yet to be announced.

We strongly suggest that individual Christian physicians and national Christian medical organisations **respond succinctly** to the current consultation, **urging the WMA to find a better balance** than the wording of their current draft.

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