Kevin Vaughan considers new GMC guidelines and discussing faith

CHRIST in the CONSULTATION

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key points

The new General Medical Council guidelines on *Personal Beliefs and Medical Practice* helpfully make it clear that 'all doctors have personal beliefs which affect their day-to-day practice'. There is no neutral default position.

We must 'treat our patients with respect whatever their life choices and beliefs', and as Christian doctors we will not want to force our views on anyone or cause distress by inappropriate or insensitive behaviour.

But by asking questions, taking a spiritual history, and raising 'faith flags', we may find doors opening so that we can legitimately talk about Christ with our patients.

In the light of March 2008's General Medical Council guidelines on *Personal Beliefs and Medical Practice*, can it be appropriate for me to talk to patients about Jesus? What are the ethical guidelines? Will I get into trouble with my employer?

These recently published guidelines are intended to provide more detailed advice on how to comply with the principles outlined in the GMC's core guidance *Good Medical Practice*, most recently updated in 2006.

'All doctors have personal beliefs'

Key extracts from the new document are:

- Personal beliefs and values, and cultural and religious practices are central to the lives of doctors and patients.
- Patients' personal beliefs may be fundamental to their sense of well-being and could help them to cope with pain or other negative aspects of illness or treatment.
- All doctors have personal beliefs which affect their day-to-day practice. [1]

These statements are helpful as they emphasise that personal beliefs are central to the thinking of all people, whether from a faith, atheist or agnostic perspective. They can be welcomed by Christians as they correct the popularly held belief that secular atheism holds a neutral default position. This means that people of all faiths or none start on an equal playing field in any debate on ethics or personal belief – whether they realise it or not, everyone has their own presuppositions.

'Treat your patients with respect'

We should give careful consideration to the following:

- You must treat your patients with respect whatever their life choices and beliefs. [2]
- Trust and good communication are essential components of the doctor-patient relationship. Patients may find it difficult to trust you and talk openly and honestly with you if they feel you are judging them on the basis of their religion, culture, values, political beliefs or other non-medical factors. For some patients, acknowledging their beliefs or religious practices may be an important aspect of a holistic approach to their care. Discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular treatment needs…However, if patients do not wish to discuss their personal beliefs with you, you must respect their wishes. [3]

As Christian doctors it is not our role to judge our patients, but rather to serve them humbly, as Christ did. [4] Paul also reminds us that in everything we do, we must do it with all our hearts because we are doing it for the Lord. [5] Being good at our clinical job is an essential part of our Christian service and witness. If our patients have trust and confidence in us, we can also take to heart Peter's injunction 'always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect.' [6]

'You must not impose...or cause distress'

Because patient vulnerability is important:

- You must not express to your patients your personal beliefs in ways that exploit their vulnerability or are likely to cause them distress.[7]
- You should not normally discuss your personal beliefs with patients unless those beliefs are directly relevant to the patient's care. You must not impose your beliefs on patients, or cause distress by the inappropriate or insensitive expression of religious, political or other beliefs or views. Equally, you must not put pressure on patients to discuss or justify their beliefs (or the absence of them).[8]

As Christian doctors we will not want to force our views on anyone or cause distress by inappropriate or insensitive behaviour, so it is a great comfort that the Holy Spirit has gone before us in every situation. In practical terms we can leave the patient in control and look for doors that God is opening.

Asking questions

In the gospels Jesus asks questions wherever he goes and we would do well to follow his example. It is now well recognised that holistic care is part of the service that all doctors should offer and the Royal College of General Practitioners' curriculum requires 'the development of a frame of reference to understand and deal with the family, community, social and cultural dimensions in a person's attitudes, values and beliefs'.[9] By asking questions, we doctors will not be expressing our own personal beliefs, but rather exploring those of the patient. This is part of good clinical care and may on occasion also open up further conversation, when the doctor is free to share something in response to the patient's comments or questions.

Spiritual history enquiry essentially involves three areas:

- **Belief**

'Do you have a faith that helps you (in a time like this)?'
'Do you have a personal faith?'
'What is important to you?'
'Do you believe in God?'

- **Religious practice**

'How does it affect your life?'
'Have you ever prayed about your situation?'
'What principles do you live by?'

- **Faith community**

'Who gives you support?'
'Do you belong to a church/faith community?'

One doctor attended a *Saline Solution* conference organised by CMF and heard of these questions for the first time. She was keen to try them in the surgery the following week, and when she was reviewing a patient whom she had been seeing for two years, she simply slipped in the question 'Do you have a faith that helps you?' This took the patient by surprise and she initially gave a hesitant reply. The doctor wisely let the matter rest there for that day, but on subsequent visits the patient opened up greatly, there was opportunity to pray together and, encouraged gently by the doctor, she started attending a local church. What double joy! Joy for the doctor, as she discovered that God may open a door when we ask a simple question; joy for the patient, as she was able to discover Christ following a conversation with her doctor.

Faith flags

When exploring the spiritual needs of people dying of lung cancer or heart failure, Murray *et al*[10] found that, sadly, many patients expect that doctors will not be interested in spiritual issues, even though they themselves would like to talk about them. 'Many patients and carers were uneasy about turning to health and social services for spiritual support, although, if they did find professionals who were willing to discuss such needs, this was much valued.'

In order to identify ourselves as people who care about spiritual matters, it can be helpful to raise a brief *faith flag* in conversation. This should be unforced and appropriate to the moment. Even a simple comment like 'Some of my patients say prayer helps' or 'It makes a big difference to me to know that there's someone up there looking out for me' puts no pressure on patients or relatives, but gives them permission to raise spiritual concerns if they so wish.

Just before an Easter Bank Holiday I recall asking a patient what she would be doing over the weekend. She described how she would be caring for her sister who was dying of breast cancer. She then asked me what I myself would be doing, and when I mentioned that Easter was a special time for me and my family as we would be remembering how Jesus died and rose again for us, she immediately burst out 'Oh! I wish I could have a faith like that!' This opened the door for further conversation.

If our relationship with patients is built on the foundations of clinical competence, trust and good communication, the atmosphere of mutual respect will usually help the doctor to know how and when to speak sensitively and appropriately about spiritual matters. However, we will need courage and compassion for our patients, and we will need to be praying for the Holy Spirit's guidance and wisdom every day.

We will also need to be prepared to justify our actions if we face criticism from patients, relatives, colleagues, or even the GMC for what we say. May God give us all the grace and wisdom we need to be appropriate witnesses for him in our everyday life.

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It can be helpful to raise a brief *faith flag* in conversation

resources

The *Saline Solution* day conferences run by CMF give participants an opportunity to explore these issues practically and in greater depth, in an interactive environment. See www.cmf.org.uk/literature/content.asp?context=article&id=181

references

1. *Personal Beliefs and Medical Practice* paragraphs 4,5,6
2. *Good Medical Practice* paragraph 7
3. *Personal Beliefs and Medical Practice* paragraph 9
4. Philippians 2:7-8
5. Colossians 3:23
6. 1 Peter 3:15
7. *Good Medical Practice* paragraph 33
8. *Personal Beliefs and Medical Practice* paragraph 19
9. The Royal College of General Practitioners: GP Curriculum January 2007. Core Statement: *Being a GP*
10. Murray S *et al*. Exploring the spiritual needs of people dying of lung cancer or heart failure: a prospective qualitative interview study of patients and their carers. *Palliative Medicine* 2004;18:39-45