editorial

Faith matters in healthcare encounters

Principles and boundaries

Dr Richard Scott

The case of a Christian GP reprimanded by the General Medical Council for talking about his faith to a patient[1,2] has revived interest in the appropriateness of faith-based discussion during a medical consultation.

Dr Richard Scott was accused of 'harassment' and told by the medical regulator that he risked bringing the profession into disrepute by discussing his religious beliefs. He has however refused to accept a formal warning on his record, and is arguing that he acted within official GMC guidelines.

Dr Scott, a doctor for 28 years, works at the Bethesda Medical Centre in Margate, Kent. Its six partners are all Christians and state on the official NHS Choices website that they are likely to discuss spiritual matters with patients during consultations. The conversation with the patient in question only turned to faith issues after they had fully explored the medical options and only after Dr Scott asked if he could talk about his Christian beliefs and was given the go-ahead.

After receiving the patient's complaint, the GMC, without investigating the matter further, sent Dr Scott a letter warning him over his conduct and told him that the way he expressed his religious beliefs had 'distressed' the patient and did 'not meet with the standards required of a doctor'.

Niall Dickson, chief executive of the GMC, was reported by the *Daily Telegraph* as saying: 'Our guidance, which all doctors must follow, is clear. Doctors should not normally discuss their personal beliefs with patients unless those beliefs are directly relevant to the patient's care. They also must not impose their beliefs on patients, or cause distress by the inappropriate or insensitive expression of religious, political or other beliefs or views.'

However, in a later debate on Radio 4's PM programme, in which I also took part, Dickson was able to give a fuller context to his comments and actually confirmed the appropriateness of sensitive faith discussions with patients[3]: 'There may be circumstances where a patient is at a point where they do want to discuss faith and it may be appropriate for the doctor to reflect on their own faith during that discussion.'

When asked how frequently exploitation of a vulnerable patient occurred in practice he said that it was very uncommon and had happened only on a couple of occasions: 'The vast majority of doctors with faith or without faith know how to talk to patients and know where the patient is at. Even if you haven't got faith you should, if a patient wants to talk about faith, be able to respond positively.'

I was able to speak about the large amount of evidence there is for the beneficial effects of faith on physical and mental health[4] and referred to 1,200 research studies and 400 reviews in peer-reviewed medical journals on the subject of which 81% showed a positive correlation.

I emphasised, as the GMC guidance states[5], that although faith discussions would not normally be part of the consultation, there were occasions when they were appropriate. The World Health Organisation's definition of health includes physical, mental, social and spiritual dimensions and part of practising whole-person medicine means addressing all issues that have a bearing on a person's health. I emphasised that faith discussions should be embarked upon with sensitivity, permission and respect.

The GMC guidance itself recognises that 'all doctors have personal beliefs which affect their day-to-day practice' and that these principles apply to all doctors whatever their political, religious or moral beliefs. It emphasises that 'personal beliefs and values, and cultural and religious practices are central to the lives of doctors and patients' (p4); that '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.' (p5) and that 'discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular treatment needs.' (p9)

I was later encouraged to see that both the RCGP's recently launched 'End of Life Charter'[6] and the NICE draft consultation document on end of life care[7] make reference to the importance of spiritual care and support, with the latter mentioning religious support specifically. And I was further encouraged to see Professor Mike Richards, national clinical director for cancer and end-of-life care, saying that that patients at the end of their lives should be offered spiritual support from GPs if they wanted it. RCGP clinical champion for end-of-life care Professor Keri Thomas, went even further by backing Dr Scott's stance, and saying that spiritual care was 'essential' for end-of-life care.[8]

Let's pray that the GMC handles Dr Scott's case wisely and let's all be encouraged to practise medicine that addresses the needs of the whole person, to take opportunities to address spiritual issues impacting on health, and to share our own faith if it is appropriate to do so. To this end I warmly recommend Graham McCall's new book *At A Given Moment - Faith Matters In Healthcare Encounters*.[9]

***Peter Saunders** is CMF Chief Executive*

references

1. A Christian GP is reprimanded as the GMC overreacts. (*CMF Blog*, 22 May 2011) *bit.ly/lV5wuZ*
2. GP rapped for talking about God with patient. (*Daily Telegraph*, 21 May 2011) *tgr.ph/mN8d3J*
3. General Medical Council confirms the appropriateness of sensitive faith discussions with patients. (*CMF Blog*, 20 June 2011) *bit.ly/j96xQF*
4. 'Doing God' is good for your health. (*CMF Blog*, 28 April 2011) *bit.ly/lMGWVb*
5. Personal beliefs and medical practice - guidance for doctors. (*GMC*, March 2008) *bit.ly/9FmQ1Y*
6. New End of Life Patient Charter is a good start but does not go far enough. (*CMF Blog*, 1 June 2011) *bit.ly/lI9AKc*
7. *bit.ly/mE1YIA*
8. DH adviser says GPs should provide 'spiritual support'. (*Pulse*, 2 June 2011) *bit.ly/jvZ2cD*
9. *bit.ly/lnRycJ*