

BMA resists move to go neutral on 'assisted dying'

Christian doctors must remain engaged in this debate

Review by **Peter Saunders**
CMF Chief Executive

The BMA has overwhelmingly rejected¹ a motion calling for it to adopt a neutral position on 'assisted dying' at its annual representative meeting at Bournemouth on 27 June. In so doing it has upheld its opposition to any change in the law to allow either assisted suicide or euthanasia.

Members of the pressure group 'Healthcare Professionals for Assisted Dying' (HPAD)² had flooded the BMA agenda with nine almost identical motions calling for neutrality from which the agenda committee had crafted a composite motion to be debated.

The move was part of a carefully orchestrated campaign³ aimed at neutralising medical opposition ahead of a new parliamentary bill calling for legalisation. HPAD is closely affiliated to Dignity in Dying, the former Voluntary Euthanasia Society. It had also been supported by the *British Medical Journal* editorial which gave international prominence to a poll allegedly showing that 62% of doctors supported neutrality.⁴ However the wording of this poll conducted

by Doctors.Net is now under investigation by the Market Research Society⁵ and a subsequent BMJ Online Poll showed that 83% of respondents were against the move.⁶

Motion 332 read as follows: 'That this Meeting i) believes that assisted dying is a matter for society and not for the medical profession; ii) believes that the BMA should adopt a neutral position on change in the law on assisted dying'.

The proposer, Prof Tallis, argued that the current situation was 'morally repugnant' and said that the BMA should adopt a policy of 'studied neutrality'.⁷ But Baroness Finlay said that the public would not understand why the BMA won't express a view on the prescription of potentially lethal drugs.

BMA Ethics Chairman Tony Calland argued that it was important doctors stayed engaged in the debate whilst BMA Chairman Hamish Meldrum added that a position of neutrality was the worst of all positions and urged the meeting to reject the motion.

Both parts of the motion were subsequently lost. In rejecting this move the BMA has sent

out a strong message that doctors must play a leading role in this debate which could otherwise be far too easily swayed by celebrity endorsement and media outlets.⁸ I have previously considered the arguments against neutrality in more detail than is possible here.⁹

Lord Falconer, in conjunction with Dignity in Dying and the All Party Parliamentary Group on Choice at the End of Life, has since published a new bill¹⁰ aiming to legalise assisted suicide for adults who are mentally competent and terminally ill which he hopes to introduce into the House of Lords next year. Meanwhile there is a consultation on the 'safeguards' in the draft bill which closes on 22 November.

The cost of freedom is eternal vigilance and it is imperative that Christian doctors stay engaged in this debate both by opposing any change in the law and in championing good palliative care.

references

- | | | |
|---|---|--|
| 1. bbc.in/MAPJ4J | 5. cmf.ji/LBxely | 9. cmf.ji/Ma2lyk |
| 2. bit.ly/KGIHhL | 6. bit.ly/AsVDr8 | 10. bit.ly/M9Qq6e |
| 3. cmf.ji/MaIP3s | 7. cmf.ji/LZFB52 | |
| 4. cmf.ji/Ne3UIm | 8. cmf.ji/NiaggJ | |

Christian doctor reprimanded for sharing faith

But the duty to provide appropriate spiritual care remains

Review by **Peter Saunders**
CMF Chief Executive

On 14 June the General Medical Council's Investigation Committee reprimanded a Christian GP who shared his faith with a patient at the end of a private consultation.¹ Dr Richard Scott has now been issued with a warning which will remain on his record for five years and further serious or persistent failure to follow GMC guidance will put his registration at risk.

The full judgement is available on the GMC website² and the Huffington Post³ gives more detail of what Dr Scott said in his defence. I have also written a detailed commentary on the case and its implications.⁴

The case has aroused controversy because the GMC made their assessment based on two varying accounts of what actually happened, but seem to have preferred the patient's testimony over that of Dr Scott where the two accounts conflicted. Also the initial complaint was made by the patient's mother who was not a witness to the consultation and transcripts of Dr Scott's radio interviews were gathered by the National Secular

Society, who undoubtedly had an ideological vested interest in the outcome.

The GMC committee concluded that Dr Scott 'caused the patient distress which [he] should have foreseen' by the way he expressed his beliefs and that he also 'sought to suggest [his] own faith had more to offer than that of the patient' and in so doing 'sought to impose [his] own beliefs'.

They claimed that his actions were in direct conflict with paragraph 19 of its supplementary guidance: Personal Beliefs and Medical Practice and also with Paragraph 33 of 'Good Medical Practice'.

The GMC defended its issuing of a warning by saying it was obliged 'to lay down a marker as to expected standards and to maintain public confidence in the profession.' But it added that 'the discussion of religion within consultations is not prohibited' and that this case 'relates to the manner in which religion was approached during the consultation'.

This was later confirmed in a letter from David Horkin, GMC Investigation Officer, which made it clear that the GMC had no

objection to faith discussions per se providing they were carried out 'in an appropriate and sensitive manner' with the patient's consent and that the doctor did not 'belittle/disrespect the patient's own faith' and did not 'impose his views' on any patient who 'does not want to discuss such matters'.

Many will have misgivings about the way this case was handled both by the GMC and the media but it would be a great tragedy if, as a result, Christian doctors shrunk back from providing appropriate spiritual care or from sharing their own Christian beliefs in a sensitive way, when appropriate, and when the patient had welcomed it.

To the contrary, good doctors have a professional duty to practise 'whole person' medicine that is not concerned solely with physical needs, but also addresses social, psychological, behavioural and spiritual factors that may be contributing to a person's illness.

references

- | | |
|---|---|
| 1. bit.ly/Pp9714 | 3. huff.to/PjFfLN |
| 2. bit.ly/N4f88R | 4. bit.ly/MokOsJ |



BMA backs pre-abortion counselling

Extending choice to women, not limiting it

Review by **Philippa Taylor**
CMF Head of Public Policy

In June the BMA held its annual representative meeting, where a motion supporting the universal availability of non-directive counselling for women considering abortion was passed by an 'overwhelming majority' of members.^{1,2}

This is a small but significant step, recognising the need for women who have an unplanned or unwanted pregnancy to be able to access unbiased counselling before they make a decision to have an abortion.

CMF member, Dr Mark Pickering, proposed the BMA motion and explained his thinking behind it: *'On an issue that is often heated, emotive and controversial I've tried to put forward a proposal that people from all viewpoints can support.'* He acknowledged that while some women will definitely want an abortion, and not want counselling, there will be others who: *'... are less certain, and perhaps be looking for a safe space to think through the options and the implications for them. We owe each one of them a duty to ensure this opportunity is available... When I've seen women as a GP... one of the most common phrases I've heard is "I feel I have no choice". Instead, any woman*

should know that, if she wishes, she can get counselling through the NHS.'

Another part of his motion called for counselling to be independent of the abortion provider. Pickering explained: *'By no means would all women want this separation for them but it should be an option. If a woman may feel more comfortable discussing her situation elsewhere then surely this should be offered... this motion is about extending choice to women, not limiting it.'*

Due to wording technicalities, this particular part was not passed as policy but was passed as a 'reference to Council'. In other words, the meeting was supportive of the spirit of it, and the BMA is still mandated to take the motion and do what they can to enact it, but is not bound by the exact wording.

A third part of the motion, also passed as reference, commits the BMA to working with the Department of Health to develop national guidelines for counselling, as there are currently none.

Overall, this is a great outcome in view of recent debates on counselling in Parliament,

in the media and the promised public consultation on independent counselling provision.³

Many people assume that women considering abortion have access to independent counselling and advice. However there is no legal guarantee that they do. The drive to make abortion swift and easily accessible has meant that many women enter the process rushed, confused and panicked. Abortion is not always a fully informed, rationally made decision.

Many women are unaware of, or unable to access, truly independent counselling from providers who are not tied into the abortion industry, and can feel that they are on a conveyor belt towards just one option, abortion, rather than considering adoption or keeping the baby. It is right that independent counselling is offered to all women experiencing an unplanned pregnancy, and it is encouraging that the BMA now recognises and supports this principle.

references

1. cmf.li/OPISqe
2. cmf.li/OP2OpV
3. bit.ly/MVrUFO

Industrial action and the Christian doctor

Who are the real losers?

Review by **Steve Fouch**
CMF Head of Allied Professions Ministries

Pension arrangements considered 'unfair and unnecessary' prompted the BMA to call its members out on the first industrial action since 1975. The walkout on 21 June followed a strong response to a recent ballot.¹

Public support for the strike was weak as headlines publicised the pension levels some (admittedly very senior) doctors would enjoy on the new scheme. Many commented: 'I would be happy to earn half of that!' At the same time other public sector workers face similar changes and far smaller pensions. It was also widely noted that the RCN was not taking industrial action, although that is primarily because of a very low turnout to their poll of members on the issue.² Apathy or resignation seems to be guiding the nurses' response, rather than higher ethics!

The actual day of action passed mostly without incident. Depending on whose figures you believe, between a quarter and a third of GPs held some kind of action,

and between 9% and 25% of all non-urgent hospital procedures were cancelled.³ Some even reported shorter waiting times as patients with non-urgent appointments stayed away from clinics. While noises at the BMA ARM in June suggested further action is likely, it will probably be jointly with other unions. At the same time both incoming and outgoing BMA Chairs called for further talks between government and unions rather than rushing headlong into further action.

There is little doubt that the medical profession in the UK feels anger at the government, though I suspect pensions may be just the final straw that is breaking the camel's back. This is borne out by the vote of no-confidence in Health Secretary Andrew Lansley (echoing last year's vote of no-confidence by the RCN). Mr Lansley is not feeling the love of the health professions right now, but this seems to be as much to do with the NHS reforms and cost savings as with the pensions issue.

As we continue to struggle with the

consequences of the credit crunch, banking collapse, recurring recession and the breakdown of trust in all our institutions, Christians need to pause to think about our response. With rising prices, static pay and pensions, and collapsing social trust across the country, it is the poorest, the elderly and the disabled who are suffering most. Are we concerned with our own hardship or with those of our colleagues, patients, and above all, the most vulnerable members of our society?⁴ The danger with the current bout of finger pointing and industrial action is that we can easily fail to see the bigger picture and who the real losers are.

The CMF Blog has looked at the issues around the strike and at some biblical principles behind the ethics of industrial action at cmf.li/MTwF4I

references

1. bit.ly/O3ViZgt
2. Ballot of RCN members on NHS pension proposals bit.ly/O3ViZg
3. Laurence *Ibid*
4. Philippians 2:4 & 21