news reviews

U-turn on aetiology of sexual orientation

RCPsych concedes orientation is multifactorial

Review by **Peter Saunders**
CMF Chief Executive

The Royal College of Psychiatrists (RCPsych), in an extraordinary about-face, has conceded that sexual orientation is not wholly biologically determined. In a new position statement[1] issued in April 2014, they now consider that the causes are 'a combination of biological and postnatal environmental factors'.

The College has also modified its view on whether sexual orientation can change: 'It is not the case that sexual orientation is immutable or might not vary to some extent in a person's life.' They also concede that bisexuals have 'a degree of choice' as to which lifestyle they pursue.

This important statement follows trenchant criticisms of the College made by Core Issues Trust[2] and in this journal[3] which were reflected in the Pilling Report to the Church of England.[4] The dictum, and popular belief, that sexual orientation is fixed and unchangeable is also under attack from leading activists within the gay community itself.

Former Tory MP Matthew Parris[5] and 'Outrage' leader Peter Tatchell[6] argue that sexual orientation is both changeable, and in some people at least, in part a matter of personal choice. In a more recent example lesbian activist Julie Bindel, contends in her new book *Straight Expectations* that sexual orientation is not innate.[7]

They are not alone. The American Psychiatric Association (APA) has stated, 'some people believe that sexual orientation is innate and fixed; however, sexual orientation develops across a person's lifetime'. A report from the Centre for Addiction and Mental Health similarly states, 'For some people, sexual orientation is continuous and fixed throughout their lives. For others, sexual orientation may be fluid and change over time'.[8]

However, in spite of its recent concessions, the RCPsych persists in its support for the UK Council of Psychotherapy's (UKCP) 'Conversion Therapy Consensus Statement'[9] along with current legislative efforts before Parliament to ban therapy for people who want professional help in reducing same-sex desires.

They imply that such therapy does not work, but if such change is possible, the College has yet to explain why this might not take place in therapeutic contexts. The tides are shifting. The evidence for the effectiveness of so called 'change therapies' (Sexual Orientation Change Efforts (SOCEs)) has been recently reviewed in the CMF publication *Unwanted Same-Sex Attraction: Issues of pastoral and counselling support*.[10]

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NHS whistleblowers

Time for a change of attitude

Review by **Steve Fouch**
CMF Head of Nursing

'Learn to do right; seek justice.
Defend the oppressed
Take up the cause of the fatherless;
plead the case of the widow.'[1]
'Speak the truth in love'[2]

Why is it so hard to stand up and speak out against poor standards and bad practice in the NHS? This is a question that has vexed politicians, health professionals and patient groups for years. When the Healthcare Commission's 2009 report into Mid-Staffs asked why no staff had come forward to raise concerns about care standards, staff nurse Helene Donnelly wrote to their CEO explaining that she had on several occasions raised such concerns, even producing a detailed report on specific incidents, only for it to be buried by the trust management.

Others who have raised concerns about colleagues or units where standards were unacceptable have lost jobs, reputations and even careers. At the very least, their concerns have been ignored.[3]

Donnelly said, 'I'd stop and look round the department and think to myself, "If this was my mother or my grandmother, would I be happy with this?" And the answer is "No, I wouldn't be".'[4] Surely speaking up for the voiceless and against abuse or injustice should be a fundamental professional and Christian value? Why is it so hard?

Every Secretary of State for Health since Frank Dobson at least has made protection of whistleblowers a matter of policy – even bringing in legislation.[5] When the Francis Report[6] highlighted the practice of gagging orders against whistleblowers, Health Secretary Jeremy Hunt said the practice 'had a chilling effect' and sought to outlaw it.[7] So far, these political legal pronouncements have had little real impact. Doctors, nurses, managers and others are all scared to raise their heads above the parapet. At best they fear being ignored, at worst losing everything.

Professional bodies have often been weak, urging people to withdraw concerns or go for pay-outs rather than fight their cases all the way. This was another criticism from the Francis Report – if the BMA and RCN will not stand up for you as a whistleblower, then who will?

Yet there is help – the charities Public Concern at Work[8] and Patients First[9] are working with parliament, professions and individuals to help people raise concerns effectively and get support and protection when doing so.

The culture of the NHS, like most big institutions, is prone to silencing dissent and cutting down the tall poppies. For the sake of our patients and colleagues, and above all in God's name, we need to speak out and challenge this.

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Celebrating not censoring debate

Closing down discussion won't do

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

Anne Furedi, who heads up the British Pregnancy Advisory Service (BPAS), the UK's largest abortion provider, recently wrote a seminal article extolling the value and importance of debate.[1]

Furedi wrote the article after taking part in a debate organised by Cambridge Students for Life and the Cambridge Medical Society. The motion was: '*Genetics and disability should not be used as grounds for abortion*.' Furedi opposed the motion whilst I and Peter D Williams from Right to Life supported it.

However, the debate prompted a protest organised by the Cambridge University Student Union Women's Campaign. They did not just oppose the motion; they wanted to shut down the debate! Furedi commented that it was the first time she had encountered a protest asking people *not* to attend a debate.

Her article sends a clear message to those who are pro-abortion, that they must engage with their opponents and cannot simply close down the conversation when they disagree. Whilst I would not agree with Furedi's position on abortion, she nevertheless makes useful points about the importance of debate.

First, if we don't join the debate, people will only hear one side of the argument and may be more likely to be convinced by it.

Second, if we take our ideas seriously, debate is essential to test and develop our ideas and to convince others.

Third, pitting our arguments against an opponent is one of the best ways to learn to be more clear, concise and precise.

Fourth, when we try to silence someone, we tell the world we fear what they might say.

Our approach in the debate was to argue that allowing abortion solely because the baby is disabled is discriminatory. Furedi consequently observed that those who are '*"pro-life" are increasingly…focusing on… disability, gender selection and later abortion procedures because they think they are easier issues on which to gain public support*'.

She continues: '*Whether they succeed or not depends on how we engage with those arguments – which we won't do well unless we listen, answer and debate…Frankly, taking on able and informed opponents of my views was a challenge, but my opponents…were far less hostile than the protesters who purported to agree with me…but whose signs told me [not to engage in debate].*'

She concluded: '*You don't have to be a Cambridge intellectual to understand why debate and discussion should be encouraged.*'

My own take-home message was similar: the debate was a valuable and worthwhile exercise, and it was clear that focusing on specific issues where we can more easily gain public support is working.

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Pro-life doctors denied qualifications

FSRH ban may be illegal

Review by **Peter Saunders**
CMF Chief Executive

Doctors who object to prescribing 'contraceptives' which act after fertilisation are to be barred from receiving diplomas or fellowships in sexual and reproductive health even if they undertake the necessary training.

The ruling comes in new guidelines issued earlier this year by the Faculty of Sexual and Reproductive Health (FSRH)[1] of the Royal College of Obstetricians and Gynaecologists (RCOG).

Whilst many contraceptives act by preventing fertilisation, there is strong evidence to suggest that some, including most IUCDs (intrauterine contraceptive devices) and the morning-after pill EllaOne[2] (ulipristal acetate), also act by preventing the implantation of an early embryo. They are thereby embryocidal, or abortifacient, rather than truly *contra*-ceptive.

Many doctors choose to avoid using drugs or methods of contraception which act after fertilisation, a position consistent with the Declaration of Geneva adopted by the British Medical Association (BMA) in 1948. This originally stated, 'I will maintain the utmost respect for human life *from the time of conception even against threat*'.

The RCOG's move is thereby an extraordinary about-face by the profession from its historic position.

The FSRH may argue that they are not barring doctors from practising, but simply from obtaining certain qualifications. But as many job appointments will be conditional on applicants having these qualifications this is effectively also a bar on practice.

This seems extraordinary given that the use of contraceptives which have been proven to act after fertilisation is only a tiny part of the specialty of sexual and reproductive health (SRH) which encompasses a wide range of conditions, treatments and procedures.[3] Surely could not reasonable accommodation be made for pro-life doctors?

After all, doctors who have a moral objection to *abortion* are still able to complete the Faculty's qualifications because the Abortion Act 1967 contains a conscience clause which protects them. So the College appears to be taking advantage of the fact that there is no equivalent law protecting those who object to destroying human embryos. Or is there?

Under equality legislation, it is unlawful to discriminate against people who have 'protected characteristics' – treating someone less favourably because of certain attributes of who they are. This is known as 'direct discrimination'. These protected characteristics include religion or belief.

Examples of direct discrimination include dismissing someone, deciding not to employ them, refusing them training, denying them a promotion, or giving them adverse terms and conditions all because of a protected characteristic.

This action by the RCOG may therefore be not just discriminatory but also illegal.[4] If so the College could have placed itself in an embarrassing and dangerous position.

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