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Dear Dr Saunders

Thank you for your email about our new supplementary guidance *Personal Beliefs and Medical Practice*. As you probably know, this guidance expands the principles in *Good Medical Practice*, and in particular the guidance in paragraphs 7 and 8 of the booklet. This new guidance does not alter the principles in *Good Medical Practice*, but responds (we hope helpfully) to questions about how these paragraphs work together, and to requests for greater clarity about a range of issues where doctors' or patients' personal beliefs may have an impact on clinical care, or on the doctor/patient relationship.

We have been working on this guidance for some time, and consulted widely on a draft last year. The CMF sent very helpful comments in response to the consultation questions, and we made some significant changes to the draft as a result of the consultation. In particular we now make clear that all doctors will bring personal beliefs to their practice – not just those who have a particular religious faith. Those comments did not express specific concern regarding this aspect of the content of what was then paragraph 23 and which contained effectively the same principle.

Our guidance seeks to respect doctors' right to act according to their conscience, while ensuring that all patients have access to services which are lawful and for which they meet clinical or other requirements. We regard it as important that all doctors reflect on their practice to ensure that they are clear about where personal views may affect their response to patients' requests or needs for treatment. This will help ensure that they are clear with patients about any treatment or procedure which they are not willing to provide or facilitate for reasons of conscience.

You ask three specific questions about whether our guidance obliges doctors to provide particular services:

1. Will doctors be obliged to sign abortion authorisation forms?
2. Will doctors be obliged to clerk patients for abortion (i.e. carry out pre op examination and assessment)?
3. Will doctors be obliged to refer patients seeking abortion to other doctors who will authorize it?

The answer to all three questions is 'no' – see *Good Medical Practice* and paragraph 21. Reading paragraph 26 in the context of *Good Medical Practice* and the preceding

paragraphs of the supplementary guidance (particularly paragraph 21), should ensure that readers understand our intention in this guidance. This is to distinguish between doctors refusing to participate directly in, or facilitate the execution of, procedures to which they have a conscientious objection on the one hand, and on the other, refusing to provide any other care on the grounds that the patients concerned were about to undergo, or had undergone such a procedure. It is the procedure to which the doctor objects, not the patient.

Our advice to doctors is that, while they may refuse to carry out procedures which are necessary to facilitate an abortion, they are not entitled to refuse patients any other necessary care or treatment. Of course, in refusing to clerk an in-patient before an abortion, a doctor would need to ensure that arrangements are made for another suitably qualified colleague to take over their role, in line with paragraph 8 of *Good Medical Practice*. This situation is best addressed by doctors in advance, by informing their employing body about their beliefs. Employers will usually make arrangements to accommodate doctors in these circumstances.

While we hope that doctors will read the guidance as a whole, we accept that, in isolation, paragraph 26 could be cited to suggest that the GMC offered no scope for doctors to object to procedures on grounds of conscience save those protected in law (although that would make nonsense of the section on conscientious objection, as a whole). In view of this, we will consider adding a short clarification, perhaps in a footnote, to ensure that this paragraph cannot be read and misinterpreted out of context.

You raised a more general point about the reference to the Janaway case in the footnote to paragraph 26. In drafting this guidance we have sought advice from leading counsel for the three UK countries, and none questioned our interpretation of the Janaway case. Of course, the extent to which cases that address particular circumstances can be extended to apply to other situations is always a matter for debate. On reviewing the House of Lords judgment, we do not believe that our reading is obtuse or perverse, and it certainly accords with the views of other commentators. Perhaps a further case will clarify matters.

You also raise the question whether the judgment in the Janaway case is compatible with Article 9 of the ECHR. There is detailed consideration of the scope of this Article in *Williamson and Others and the Secretary of State for Employment* [2002] EWCA Civ 1926. Again, it would need further cases to put the scope of the Article beyond doubt, but on our reading of the case law, it is very doubtful whether Article 9 would provide a general right to manifest religious beliefs in this way in everyday life. We will, of course, review any new cases in this area to see whether our guidance should be revised.

I trust this helps clarify our guidance in relation to your questions.

Yours sincerely

John Jenkins

Chairman  
GMC Standards and Ethics Committee