

General Pharmaceutical Council Consultation

The General Pharmaceutical Council is consulting on religion, personal values and beliefs in delivering person-centred care in pharmacy and would like to know your views. The consultation is open **until 7 March 2017** (background [here](#); full consultation document [here](#). The response form is on pages 23-30 and is summarised on p31).

The Council proposes changing their Standard on religion and belief from:

People receive safe and effective care when pharmacy professionals:

- *Recognise their own values and beliefs but do not impose them on other people*
- *Tell relevant health professional, employers or others if their own values or beliefs prevent them from providing care, and refer people to other providers*

To where the second bullet point is amended to

- *Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs*

The Council also provides draft guidance on how this Standard would apply in practice.

This amendment to the Standard, which the GPhC admits represents 'a significant change from the present position', effectively replaces a pharmacist's 'right to refer' with a 'duty to dispense'. The Council calls this 'person-centred' care. 'Person-centred care' which puts the dignity and best interests of the client first is, of course, crucial and at the very heart of true professionalism. But this is framed in terms of a right to 'access' medication while the right of the pharmacist to refer, on the grounds of conscience, would effectively be removed. Pharmacists would be pressured to comply or risk disciplinary procedures and/or possible loss of employment.

There is a clear and present danger to freedom of conscience (FOC) in the case of emergency hormone contraception (EHC), other contraceptives that may act post-fertilisation and hormones to block puberty or aid 'transition' in gender reassignment. If regulations and legislation change over time then drugs for home abortions and assisted suicide may also be implicated.

Below are some suggested points to include in your response to this important consultation. There are ten questions; if time is short, please answer at least Q1 and/or Q10 or just answer yes/no without further comment. The bullet-points are for guidance only – please use your own words in your response. Do encourage other people and organisations to send in responses.

Q1. Do you agree with the proposed changes to the wording of the examples under Standard 1 – about religion, personal values and beliefs? Answer No

- Freedom of conscience (FOC) has been foundational to healthcare practice as a moral activity from the [Hippocratic Oath](#) to the GMC's [Good Medical Practice](#).
- FOC ensures a cohesive stable pluralism and promotes religious harmony and tolerance in society
- Refusal to allow FOC fails to strike a proper balance between the interests of society as a whole and the fundamental rights of the individual
- It would make the jobs of some pharmacists untenable and will deter some potential trainees from entering the profession
- Article 9(1) of the [European Convention of Human Rights](#) (ECHR) provides a right to freedom of 'thought, conscience and religion'
- The [Equality Act 2010](#) lists 'religion and belief' as one of nine protected characteristics
- There is no clear [evidence](#) of complaints by clients denied access to drugs under the current Standard
- The GPhC exceeds its competency in suggesting what should be the boundaries of a pharmacist's or clients' moral views

- The move is therefore disproportionate, unethical, unnecessary and quite possibly illegal.

Q2. Does the revised guidance adequately cover the broad range of situations that pharmacy professionals may find themselves in? Answer No.

- The draft Standard and Guidance treats pharmacists as rubber stamps and not true professionals
- The proposal is not future-proofed. Were the law to change it would apply equally to home abortion, assisted suicide or other practices that many consider unethical

Q3. Is there anything else, not covered in the guidance that you would find useful?

- Follow instead the [GMC guidance](#) (para 8) which permits doctors to 'opt out of providing a particular procedure because of [your] personal beliefs and values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients'.
- Apply the Royal Pharmaceutical Society (RPS) 2013 [policy statement](#) on assisted suicide which requires that pharmacists 'opt in' to dispensing certain drugs, rather than imposing a blanket duty.

Q4. Will our proposed approach to the standards and guidance have an impact on pharmacy professionals? Answer Yes.

Q5. Answer Mostly negative

- Pharmacists employed under the current Standard, who apply the right to signpost or to refer to other pharmacists could be driven out of the profession
- Some currently in training, and others considering a career in pharmacy, will be deterred.
- Patients who have strong moral convictions may be unable to find a pharmacist who is sympathetic with their views
- It is likely that in at least some cases this will lead to legal proceedings against the GPhC.

Q6. Will our proposed approach to the standards and guidance have an impact on employers? Answer Yes.

Q7. Answer Mostly negative

- The proposals would set a 'coercion to comply' precedent that some other employers, especially commercial chains, might find convenient to emulate.
- It is likely that employers will face legal action brought by pharmacists who lose their jobs as a result of a refusal to provide certain contentious drugs for reasons of conscience.

Q8. Will our proposed approach to the standards and guidance have an impact on people using pharmacy services? Answer Yes

Q9. Answer Mostly negative

- It would deny some clients the option of access to pharmacists who share their own views on life and ethics and whom they are confident will act in their best interests.
- It may also reduce the total number of pharmacists

Q10. Do you have any comments? The proposals:

- Are not based on any evidence of complaints or need for change – a change is not needed
- Unnecessarily and disproportionately replace the current 'right to refer' with a 'duty to dispense'
- Fail to account for the fundamental importance of FOC as central to ethical healthcare. There is no mention of 'conscience' in the whole document.
- Do not properly reflect the protection in law provided for FOC Unfairly discriminate against both pharmacists who hold that life begins at fertilisation, and those clients who wish to be cared for by them.
- Will drive some currently practising pharmacists out of the profession and discourage others from applying to enter it
- Should provide preferable alternatives such as retaining the present Standard and guidance, using the GMC's FOC provisions or providing the opt-in system recommended by the RPS for assisted suicide.

More information on the guidance is on the [CMF Blog](http://www.cmfblog.org.uk) at www.cmfblog.org.uk