CMF Responses to NMC Draft Code of Professional Conduct 2014

This paper is submitted by the Christian Medical Fellowship (CMF), an interdenominational organisation with over 4,000 doctors 1,000 medical students and with a growing nurse and midwife membership, currently of around 200 members. We are the UK's largest faith-based group of health professionals. We are linked to about 100 similar bodies (for Christian nurses and/or doctors) in other countries throughout the world.

As an organisation representing the views and interests of a growing number of nursing and midwife members, we welcome the chance to comment on the new draft code of professional conduct

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Compared to the older 2008 code, this is much more detailed, includes (post Francis Report) a strong professional emphasis on compassion and care, integrity [clauses 92-100] a lot of specific clauses around the 'Duty of Candour' [clauses 4, 101-107], duty of 'whistle-blowing' [clauses 63-67], a lot more on the nurse patient relationship [clauses 11-44], nurse prescribing [clauses 59-62], conscientious objection, whole person care, and discussion of beliefs. There is also a new clause [114] on social networking (which, given the speed at which the technological and cultural trends are developing in social media, will probably need regular updating). The original code had 64 clauses. The new one has 115 - nearly 80% longer, and most of the existing clauses are far longer and more detailed in the new draft.

We welcome most of this, noting that it is patient focused, regularly addressing such key issues as integrity, openness, candour and compassion. The ethical values of truth telling, integrity, openness, impartiality, etc. are all strongly Biblical and as a Christian organisation we would endorse these broadly.

We would want to comment specifically on the following:

Clause 15: *'You must act as an advocate for those in your care, helping them to access relevant health and social care, information and support when they request it.'*

We believe that this should also include *'spiritual care'*, given that this is now a requirement of the health services in Scotland and Wales (though not yet England). The RCN has commissioned research and guidance on spiritual care[1],[2]. It is now widely regarded as an essential part of all good health care, and whole person nursing care in particular, with mounting evidence of the significant impact of matters of faith and spirituality on health outcomes.[3] (see also Clauses 48, 54, 73 and 74).

[1] http://www.rcn.org.uk/__data/assets/pdf_file/0017/391112/003861.pdf
[2] http://www.rcn.org.uk/development/practice/spirituality/about_spirituality_in_nursing_care
[3] E.g. Koenig H, King D, Carson V B, Handbook of Religion and Health, OUP USA; Second Edition (15 Mar 2012)

Clauses 32 & 94: *'You must put aside your own personal and cultural preferences when considering the needs of those in your care'*
'You must ensure that you do not express your personal beliefs (including political, religious or moral beliefs) to people in a way that may exploit their vulnerability or cause them upset or distress.'
While we would broadly agree, these statements are termed in purely negative language, and do not expressly say that there may be positive reasons for expressing personal beliefs in certain, specific contexts. The GMC guidance[4] recognises that 'doctors have personal values that affect their day-to-day practice' and asserts that the GMC doesn't wish 'to prevent doctors from practising in line with their beliefs and values' provided that 'they act in accordance with relevant legislation' and 'follow the guidance in Good Medical Practice'. We would like the NMC to likewise recongise that personal beliefs are relevant to good nursing practice, but agree that they should never be forced upon anyone, patients or colleagues.

Clause 34: *'You must inform and explain to colleagues, your manager and people in your care if you have a conscientious objection to particular procedure and arrange for a suitably qualified colleague to take over responsibility for this person's care.'*
Again, it is welcome that the right to conscientious objection is now explicitly recognised within the code. This right is supported in law with respect to abortion, but all nurses and midwives should be reasonably protected to conscientiously object to participation any procedure in an appropriate manner that does not endanger the patient or hinder effective care. It is absolutely right that a nurse or midwife express any conscientious objection to their line manager. However, we also feel that it is important that we only inform patients in <u>appropriate</u> contexts and manners. In some contexts it may cause the patient distress to be told that the nurse will not treat you for reasons of conscience, and the patient's needs should be paramount in how and if this should be disclosed to them. Also, th first priority should be to inform your manager, and then your colleagues. We would therefore want to see this say *'You must inform and explain to <u>your manager,</u> colleagues and, <u>if appropriate</u> people in your care if you have have a conscientious objection…'*

Clauses 59-62 [esp 59]: *'You must only prescribe, dispense and administer medicines within the limits of your training and competence, the law, our guidance and that of your employer and other regulations.'*
While we welcome the extended role of the nurse and midwife in prescribing for their patients, we do have a concern that nurses and midwives may become the back door prescribers for medical abortions, post cotial contraception and (should it ever become law) assisted suicide. Nevertheless we welcome these guidelines in broad terms

[4] Good Medical Practice, GMC (2013) at http://www.gmc-uk.org/guidance/good_medical_practice.asp

Clauses 63-67: *Raising Concerns ('whistleblowing').* We broadly welcome these guidelines on raising concerns. This is vital to good nursing practice, but we are concerned that there are minimal protections for whistleblowers in the NHS, and we are most concerned that raising such a duty within the code could leave nurses and midwives caught between the Scylla and Charybdis, risking disciplinary action if they speak out or if they keep silent. We welcome clause 67 laying a duty on nursing managers to protect those raising concerns, and hope that this can add to a change in NHS culture generally with respect to truth telling.

Clauses 101-107: We also broadly welcome the duty of Candour (**Clause 4** – *You must exercise your professional duty of candour and give and constructive and honest response to anyone who complains about the care they have received, including an apology where appropriate*) and its outworking in these clauses – as with whistleblowing and the duties of acting with integrity (**Clauses 92-100**), this chimes with a Christian ethic of truth telling and integrity in across areas of life. We are concerned, however, that there may be instances where truth telling could increase patient or relative distress, and should be handled with a great deal of care and sensitivity. A duty to disclose errors is good in theory, but if applied injudiciously in practice may harm patients and their significant others.