Commission on Religion and Belief in British Public Life

Submission by CMF – Draft 1.1

Our Organisation

The Christian Medical Fellowship (CMF) exists to unite and equip Christian doctors, nurses and other healthcare workers. We were formed in 1949 and currently have over 4,500 UK doctors and around 800 UK medical students as members. We are linked to approximately 80 similar organisations around the world through our membership of the International Christian Medical and Dental Association (ICMDA).

LAW

1. **To what extent, and in what ways, have recent legislative changes been beneficial or detrimental? In what ways, if any, do they or other existing laws need to be modified?**

With the rise of secular humanism and, in particular, the new atheism, there is in British society generally a loss of historically held belief in the existence of a transcendent communicating God incarnate in Jesus Christ, in biblical authority and in biblical ethics. This trend is combined with an active agenda to impose an alternative secular world view through our laws, institutions and media that is leading to an erosion of laws that were based on a biblical worldview and to some loss of Christian freedoms.

For Christian doctors the major impact of this has been felt in the areas of sharing Christian faith (evangelism), expressing beliefs about Christian doctrine or ethics or manifesting Christian behaviour especially in the areas of prayer and/or sexual and life ethics.

Conflicts arise when Christians are:

1. Prevented from sharing, expressing or manifesting their beliefs
2. Required to perform tasks or conform in ways which go against their beliefs
3. Excluded from consultations and decision-making or advisory roles because of their beliefs.

These are key issues in public life not because they are more important than other areas of Christian faith and practice but because they are the specific areas where recent laws, or regulations/guidelines based on those laws, have impacted.

The main laws implicated are:

1. Employment Equality regulations on religion and belief and sexual orientation (2003)
2. Equality Acts 2006 and 2010

One specific example is the requirement for Christian organisations with a Christian ethos to employ people who do not hold to Christian faith. Another observation is that the definition of harassment is too broad and too open for misinterpretation or perverse action: 'unwanted conduct which takes place with the purpose or effect of violating the dignity of a person and of creating an intimidating, hostile, degrading or humiliating environment.' Anyone can claim that his or her dignity has been violated. In an attempt to prevent expressions of Islamic extremism, the Government is in danger of caricaturing anything that does not reflect its own secular humanist stance as 'extremist', including those who hold mainstream Christian beliefs and who express them in sensitive and respectful ways.

3. The Abortion Act 1967 and Mental Capacity Act 2005 also have some influence through interpretation by official bodies about the scope and application of their provision for conscientious objection. For example, the Royal College of Obstetricians and Gynaecologists has denied diplomas and fellowships in sexual and reproductive health to those whom they have trained but who object to prescribing contraceptives that act after fertilisation. This would appear to be in breach of the provision for conscientious objection.

Guidelines based on these laws by the Department of Health, NHS trusts and professional bodies like the GMC and BMA also have an impact on how legal policy is interpreted and implemented. Examples of such guidelines include:

1. Religion or belief: a practical guide for the NHS (Department of Health, January 2009)
2. Sexual orientation: a practical guide for the NHS (Department of Health, February 2009)
3. Personal beliefs and medical practice - guidance for doctors (GMC, March 2008, March 2013)

4. The law and ethics of abortion (BMA, November 2007)
5. Treatment and care towards the end of life: good practice in decision making (GMC, July 2010)

The Department of Health practical guides on 'religion and belief' and 'sexual orientation' over-interpret the law with respect to evangelism and expression of Christian belief about sexuality and have created an environment where normal Christian behaviour is inappropriately open to censure or discipline. These documents were not made open to full consultation or review when implemented but are being used by NHS employers. Both these documents should be reviewed and opened to consultation. Examples of problematic clauses are:

Members of some religions... are expected to preach and to try to convert other people. In a workplace environment this can cause many problems, as non-religious people and those from other religions or beliefs could feel harassed and intimidated by this behaviour… To avoid misunderstandings and complaints on this issue, it should be made clear to everyone from the first day of training and/or employment, and regularly restated, that such behaviour, notwithstanding religious beliefs, could be construed as harassment under the disciplinary and grievance procedures.(Department of Health, Religion and Belief)

Any NHS employer faced with an employee who by virtue of religion or belief refuses to work with or treat a lesbian, gay or bisexual person, or who makes homophobic comments or preaches against being lesbian, gay or bisexual, should refer to its anti-discrimination and bullying and harassment policies and procedures, which should already be in place… If the conduct has the purpose or effect of violating a person's dignity, or creating an intimidating environment, and it is reasonable for the

complainant to take offence, then it is harassment. (People) should not be subjected to discrimination or harassment on any grounds whatsoever. It should be made clear that such behaviour is unlawful and could result in legal proceedings being brought. (Department of Health, Sexual Orientation)

The General Medical Council (GMC) guidance 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'* (www.gmcuk.org/guidance/good_medical_practice.asp).

It acknowledges that 'personal beliefs and cultural practices are central to the lives of doctors and patients.' It also recognises that doctors 'may choose to opt out of providing a particular procedure because of (their) beliefs and values' as long as the legal rights of others are not breached. It also concedes that 'it may… be appropriate to ask a patient about their personal beliefs' and 'to talk about your own personal beliefs' in certain circumstances.

However, over the last five to ten years there has been a gradual increase in the number of cases of Christian nurses and doctors approaching us for support, advocacy and advice because they find themselves in situations where the practice of their faith (evangelism and prayer), expression of their beliefs (especially about sexuality and marriage) or exercise of conscience in abstaining from participating in various procedures (abortion, contraception, end of life decisions) is bringing them into conflict with public authorities, employers or colleagues. Some have been the subject of complaints and have appeared before disciplinary committees, tribunals or courts. Others have felt intimidated into silence. Some have been barred from public appointments or felt forced to resign from their jobs. Some have been denied appointments or lost their jobs as a result.

The numbers are currently small and discrimination is not at the level of persecution seen in many countries abroad (threat to life or imprisonment). But there is a growing threat to freedom and conscience as the result of a subtle imposition of a secular world view in Britain's laws, courts, media and institutions which is having an impact on Christians' access to facilities, freedom of speech and evangelism and the right to refrain from procedures they regard as unethical. Most of these problems can be resolved locally with advocacy and support but there is in some quarters an unwillingness to accommodate Christians which is leading to cases reaching disciplinary committees, tribunals and courts. There is also evidence of existing law being misunderstood, misinterpreted or wrongly applied by local and professional authorities in codes and guidelines.

There appears to be a growing tendency to exclude representatives of faith communities from committees that are looking at equality issues in the workplace. An example of this is the Royal College of General Practitioners who recently invited Stonewall and BAPIO to assist them in a review of their Equality and Diversity policies but did not include any faith community representation.

5. What recommendations relating to the law should the Commission on Religion and Belief in British Public Life make in its final report?

In general, we suggest that the law should provide more protection. In particular, the law should delineate more clearly the nature of 'harassment' and 'incitement'. The freedoms of peaceful assembly and respectful free speech should not fall victim to spurious claims of incitement to hatred or coercive exploitation. Clearly, doctors must not exploit their positions of privilege. However,

current NHS guidelines exploit the lack of definition in the law by overly strict interpretations that create an intimidating environment for Christian doctors and nurses, particularly in matters of objection on the grounds of conscience and liberty to share their beliefs with interested patients in a sensitive and appropriate manner.

There are clearly situations where freedoms collide and government or public authorities must decide whose interests will prevail. In a culture where secular humanism and personal autonomy have progressively displaced the Judeo-Christian values on which our laws were founded, it is often the case that preference is given to the non- or anti-Christian lobby. This constitutes a form of discrimination. More even-handed representation, for example on advisory committees and in consultations, would be a helpful step.

Consultation over, and regular review of DOH Guidelines relating in particular to religion and belief, sexual orientation and conscientious objection would reduce the risk that the DOH implements the law in overly strict ways that are discriminatory towards Christians.

The vast majority of Christian Medical Fellowship members believe that:

- Evangelism is a Christian duty but should be carried out with sensitivity, permission and respect
- Offers of prayer to patients should be allowed and even encouraged
- Practising whole person medicine which takes account of physical, psychological, social and spiritual needs is a Christian duty
- Abortion, euthanasia, embryonic stem cell research and embryo experimentation are morally wrong
- Christians should be allowed to express their personal doctrinal and ethical beliefs at work without being censured or disciplined
- Christians should not be pressured into carrying out procedures they believe are morally wrong but appropriate accommodation should be made
- Christians should be able to book and use rooms in the public institutions in which they work or study for worship, teaching and prayer
- Christian organisations, including Christian GP practices, should be able to insist that employees both hold Christian beliefs and abide by Christian behaviour. They should not be required to employ people who are not Christians, or who, whilst claiming to be Christians live a lifestyle inconsistent with Christian belief.

The Big Society initiative should be providing Christians with the opportunity to contribute freely to the common good within British Society whilst being able to exercise freedom of association, thought, expression, conscience and to live according to their faith as free citizens. True equality under the law should allow religious diversity to flourish. In order for this to be freely realised the laws outlined above which have restricted this freedom need to be reviewed and amended and all regulations and guidelines based on them or misinterpretations of them be reviewed. Christians who have a moral or conscientious objection to participating in certain procedures should be accommodated within the system and not required to disobey their consciences or be threatened with removal of rights and privileges for refusing to comply. Advocacy, support and advice should be freely available to all Christians working in the NHS who are experiencing conflicts of this kind. As an organisation we would be very interested in offering assistance in conflict resolution and mediation in specific cases.

MEDIA

1. **Is coverage of religion and belief in the media generally satisfactory, or should steps be taken to improve it, with a view to promoting a greater degree of religious literacy in the population as a whole?**

As a general rule the right-wing press and media support freedom of Christian expression and practice whilst the left wing media are more cautious or hostile about it. Pressure groups, that use the media to advance their agendas (eg. National Secular Society, British Humanist Association, Stonewall, pro-abortion groups), are generally less tolerant. Sections of the blogosphere, social networks or those who make comments on online media stories are often more hostile to Christian faith and practice in their views and agendas.

There is a recognisable bias in BBC reporting on many issues at the interface of Christianity and medicine (eg. abortion, euthanasia, stem cells, embryo research, contraception, issues around assisted reproduction, sexuality/homosexuality). This is seen especially clearly in the sustained promotion by the BBC of the pro-euthanasia lobby. During a 3 year period from 2008 the BBC produced five programmes, presented by pro-euthanasia campaigners (like Sir Terry Pratchett), specifically designed to portray taking one's own life in a positive light.

'I'll Die When I Choose' (8 December 2008) was a BBC Panorama documentary fronted by the late Margo Macdonald MSP. It was produced in the lead up to tabling her 'End of Life Assistance (Scotland) Bill' in the Scottish Parliament. The programme screened a total of four times between 8 and 14 December 2008. The bill also received massive coverage by the BBC but in the event was overwhelmingly defeated by 85 to 16 in November 2010.

'A Short Stay in Switzerland' (January 2009) was a 90 minute docudrama starring Julie Walters (and written by award-winning writer Frank McGuinness) which told the story of the death of Bath GP Anne Turner at the Dignitas facility in January 2006. It screened seven times between 25 January 2009 and 27 January 2010. BBC health correspondent Fergus Walsh, who accompanied Dr Turner on her final journey, actually played himself in the film.

The 34th Richard Dimbleby Lecture, 'Shaking hands with death' (1 February 2010) also featured Terry Pratchett making the case for assisted suicide for patients, like himself, with Alzheimer's disease. A hand-picked audience in the Royal College of Physicians in London signalled their approval as he pictured himself ending his life, by nonchalantly sipping poisoned champagne, in his back garden.

BBC East Midlands 'Inside Out Programme' (15 February 2010) featured a confession by producer Ray Gosling to smothering a gay lover with AIDS some years before. The story, after an exhaustive police investigation, turned out to be pure fantasy, but not until after the BBC machinery had blown it up into a massive international news story just prior to the Director of Public Prosecutions reporting on his assisted suicide prosecution criteria.

In the summer of 2011, 'Choosing To Die' followed a 71 year old man (known only as Peter) in the late stages of motor neurone disease as he travelled in the company of Terry Pratchett from Britain to the Swiss Dignitas centre to end his life.

During this three year period there was not a single BBC programme presenting the opposite point of view. This is in spite of the fact that all three parliamentary bills over a similar period of time, attempting to legalise the practice, were heavily defeated and despite the continuing robust opposition to legalisation from disability rights groups, medical professionals and faith groups.

And yet not one representative of any of these groups was given the opportunity to put their views as prime presenter of a BBC documentary. Other than in news bulletins no specialist in palliative medicine had access to a BBC documentary to explain the benefits of good care, no disabled person was able to convey their anxieties about a change in the law and no faith leader was permitted to present an alternative perspective on suffering and dying.

Specifically, no opponent of legalisation was given the opportunity by our national (taxpayer funded) broadcaster to put to the British public, in a documentary, the arguments that have three times persuaded parliament about the dangers to vulnerable people of a change in the law.

By contrast, many proponents of assisted suicide, who have expressed a strong persistent wish to be 'helped to die' by their own hands, have been granted an international platform by our national broadcaster, to tell their stories in lurid detail and without cross-examination, creating the false impression that the small minority they constitute are somehow representative of all people facing suffering or death.

Each from Reginald Crew to Tony Nicklinson has his or her case highlighted in painstaking detail by the BBC usually featuring long personal interviews and often with substantial extraneous information about their lives emotively conveyed. Contrary views are either not expressed, or are at best relegated to single sentence reactionary soundbites. In each case, the power of the personal narrative is presented skillfully to shape public opinion, courtesy of the BBC with all of its publicly funded resources being brought to bear.

What is ironic about this whole process is the fact that there are strict codes about media coverage of suicide, not only from bodies like the World Health Organisation, but also from the BBC itself (on covering both suicide and also criminal acts), which are constantly and repeatedly flouted.

The WHO guidance on the media coverage of suicide is very clear:

'Don't publish photographs or suicide notes. Don't report specific details of the method used. Don't give simplistic reasons. Don't glorify or sensationalize suicide. Don't use religious or cultural stereotypes. Don't apportion blame.'

The BBC it seems is going full speed in the opposite direction.

By contrast the WHO advice about appropriate media practice is largely ignored by the BBC:

'Refer to suicide as a completed suicide, not a successful one. Present only relevant data, on the inside pages. Highlight alternatives to suicide. Provide information on help lines and community resources. Publicize risk indicators and warning signs.'

Concerns about the well-documented phenomenon of suicide contagion, especially following suicides carried out by celebrities, and the effects of suicide on other individuals and society at large, are simply not part of the narrative when the BBC covers these issues. Instead it has adopted almost a campaigning stance.

No one is denying that the debate about assisted suicide is crucially important. This is a free democratic society and those who wish to see a change in the law are fully entitled to express their views in the public square. Furthermore it is to be expected that private media outlets will want to pursue a specific editorial line. But with an issue as important as this one, campaigners should not

have the added advantage of being able to spread their propaganda by using the publicly funded national broadcasting corporation effectively as a private public relations company and press office.

2. **If improvements are desirable, what are they and how should they be promoted?**

It is regrettable that Christians are so frequently portrayed in radio and TV fiction as weak and ineffectual figures of fun or narrow-minded hypocrites and bigots. In state-sponsored programming, at least, it would be refreshing to see them portrayed in more positive terms. Bearing in mind how much of our national life, especially in areas of education, health and social care, has its roots in the contribution made by pioneering figures who were motivated by their Christian convictions, it would be good to see those foundations celebrated. It might even make us pause for thought before we completely deconstruct those foundations and deprive modern expressions of those systems of their value base and motivational impetus. In an age where autonomy, personal choice and self-interest largely prevail, a re-examination of the value of self-sacrificial serving of others would be refreshing.

The BBC must be held to account for its bias (see above). Even-handed opportunity to present both sides of important issues and debates, such as that on assisted suicide, must be normative for a publicly-funded broadcaster. The BBC should be required to act in accordance with its own codes of fairness in coverage, and with those of recognised bodies such as the WHO. There must be stricter enforcement of these codes; editors and programmers should have to conform to standards of fairness as well as standards of decency.

EDUCATION

1. **Are current syllabuses for education about religions and beliefs in primary and secondary schools, including religious schools, appropriate and adequate? If not, what needs to be added or modified?**

CMF members would generally hold to the views expressed in the points below. As health professionals, not professional educators, we limit our observations to those areas of education that lie at the interface of the two disciplines, namely Personal, Social, Health and Economics (PSHE) education and Sex and Relationship Education (SRE).

- Parents are ultimately responsible for their children's moral maturity and, within broad limits, should be free to educate their children on moral matters, as they judge best.

- PSHE education should **not** be made a statutory part of the school curriculum. Primary school governing bodies should remain free to decide whether or not to provide sex and relationships education and secondary school governing bodies should remain free to formulate their own policies, in consultation with parents.

- Many of the topics covered in PSHE, in particular SRE, are not morally neutral. We support the continued right of parents to withdraw their child(ren) from sex education lessons that they consider inappropriate for their child(ren).

- Schools should remain accountable to parents with regard to their PSHE education and SRE provision.

- We support the balanced approach of *Sex and Relationship Education Guidance* from the DfEE (2011) which includes a strong emphasis on marriage and stable relationships. If the desire from government is truly to prioritise relationships, we recommend using the term **'Relationships and Sex Education'**, instead of the usual 'Sex and Relationships Education', because it puts relationships first and places sex in the context of relationship. RSE should be about the physical, intellectual, emotional, social and spiritual aspects of the person, not just the mechanics of reproduction.

- A significant proportion of the UK population has a faith background. Therefore adopting a faith sensitive approach will increase relevance, promote understanding and capitalise on common ground and common goals.

- Government should make funding available to organisations, both religious and non-religious, to produce materials which support parents, and faith groups, and do not expose children and teenagers to explicit sexual images and messages.

- Guidance should ensure that parents are consulted, not just children and teenagers, about what they would like to be taught. We strongly recommend that schools remain accountable to parents.

The effectiveness of SRE needs to be reviewed regularly. The UK still has one of the highest rates of teenage pregnancy in Europe, despite years during which ever increasing sums of money have been channelled into advice about, and access to contraception. Academic evidence that direct interventions such as more explicit school sex education and confidential access to family planning services help to lower teenage pregnancy rates is mixed, and at best weak.

Relationship and sex education guidance should have the goal of preparing young people for healthy adolescence and long-term, committed, exclusive adult relationships. **This can be achieved by developing their self-esteem, values, life skills and knowledge so that they are able to consider media messages and the impact of actions and choices on themselves and others**.

A number of research studies have shown that teenagers often regret the age when they started having intercourse. Over 40% of teenagers in the UK give peer pressure as the reason for first intercourse. Increased personal confidence will enable young people to resist peer pressure and make choices that respect their own deepest intuitions.

One approach to measuring the effectiveness of SRE would be to focus on parents. For example, parents could be asked about whether the school explained fully the SRE programme, whether they were involved at any stage of the planning and delivery of SRE. Parents could be given the opportunity to express confidentially their view of the materials used to teach their children and what they feel would most help their children. Parents should also be asked about the way their children and teenagers behave following SRE lessons.

The portrayal of same sex attraction (SSA) as a normal variant of sexuality, with the implication that it is entirely due to genetic inheritance, lacks credibility. It has become almost impossible to question the basis of this contention without being labelled homophobic. All behaviour is influenced by genes and some people may well be more predisposed, genetically, towards SSA. But there is no evidence that SSA is genetically predetermined. Genes may produce a tendency, but they do not

exercise a tyranny – choice still operates. Many Christians believe that to engage in homosexual acts is a wrong choice. It is perfectly possible to hold this view without being homophobic, bigoted or judgmental. A teacher who expresses this opinion as part of an informed and sensitive discussion should not be vulnerable to censure or discipline. Literature for young children that portrays homosexual relationships as normative should not be 'required' reading in primary schools. Discussion of the issues around sexuality should occur at a time when students have reached a sufficient level of maturity to engage with the subject with due awareness.

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